TO FLORENCE NIGHTINGALE

By EDWIN ARNOLD

If on this verse of mine
Those eyes shall ever shine
Whereto sore-wounded men have looked for life,
Think not, that for a rhyme,
Nor yet to fit the time,
I name thy name—true victress in this strife;
But let it serve to say
That, when we kneel to pray,
Prayers rise for thee, thine ear shall never know;
And that thy gallant deed,
For God and for our need,
Is in all hearts as deep as love can go.

'Tis good that thy name springs,
From two of earth's fair things—
Stately city and a soft-voiced bird;
'Tis well that in all homes
When thy sweet story comes
And brave eyes fill, that pleasant sound be heard.
O! voice in night of fear,
As night birds, soft to hear;
O! great heart; raised like city on a hill;
O! watcher; worn and pale,
Good Florence Nightingale,
Thanks, loving thanks, for thy large work and will,
England is glad of thee;
Christ, for thy charity
Take thee to joy when hand and heart are still.

[Sir Edwin Arnold, born 1832; poet and journalist, became widely known upon the publication in 1880 of "The Light of Asia," his principal poem. He spent some time as a teacher in India and has written prose works upon education in India and upon other topics.]

LORD LISTER*

Born April 5th, 1827. Died February 10th, 1912.

On April 5th, 1827, near London, in the home of a cultured Quaker merchant of scientific interests, Joseph Lister was born, of whom it has been said that he is the greatest benefactor, in material things at any rate, the world has known; that he did more than any other man in the history of the race to prevent mutilation, to relieve pain, and to save life; and that he won the greatest victory ever won by man against man's enemies.

Another benefactor, the English country doctor, Edward Jenner, who learned how to prevent smallpox, and thus lengthened the average human life three years, took leave of life just seven years before Lister entered upon it. Napoleon Bonaparte, who scourged the world with wars for a generation, had been dead just six years when Lister was born, who was to save a thousand lives for every one Napolean had sacrificed. The furies and horrors of the French Revolution were still rumbling in the ears of the people of 1827 who could little have guessed that in a cradle in a peaceful English village there were the seeds of a Revolution that would prevent and cure a thousand horrors for every one the French revolution had caused. Lister was to "bring the whole world out of a septic hell into an aseptic paradise."

He had the great advantages of a good home, easy circumstances, a deliberate, unhurried education, and a home atmosphere of science. His father, though a man of business, had found time to study the science of optics so deeply that he had changed the microscope from a sort of scientific toy into a powerful instrument of research.

The boy made full use of his many advantages. He entered upon the study of arts and science at seventeen, and the study of medicine followed. For nine years in London he studied and investigated, then for seven years studied, investigated and taught in Edinburgh. His first interest was in the microscope, in muscle tissues, in such things as the flow of the lacteal fluid in the mesentery of the mouse, in things that might have seemed of little practical value. At that very time over in France there was a chemist, Louis Pasteur, who had spent unlimited energy, and years of time, proving, though no one had ever seen them, that there were two kinds of sodium ammonium crystals, and that specks of dust floating in the air had life in them, and who was now deep in a several years' study of the various processes of brewing. What practical good could be expected to come to the world from such unpractical studies? Yet out of these adventures in pure science came the greatest physical good that has ever yet come to the world. "What is the use of an unrelated scientific fact, for intance, that there is lightning in clouds?" was asked of Benjamin Franklin. "What is the use of a baby?" he replied.

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When at the age of thirty-three Lister was called to be Regius Professor of Surgery at Glasgow, he had behind him sixteen years of hard study of the old truths of surgery and of research into new truth. He was a surgeon and a teacher of surgery, but the microscope was still his favourite instrument, and his engrossing study had been the reaction of tissues when injured and irritated, that is, about inflammation. It was a time of many new beginnings. Fourteen years before, as a junior student, he had seen the first operation performed in London under an anaesthetic.

(*Created a Baronet in 1883 and in 1897 raised to the peerage.)

Five years before "The Lady of the Lamp" had come back from the Crimea to create the science and art of modern nursing and two years before had published her "Notes on Nursing." The great movement for better sanitation which characterized the mid-nineteenth century was in full swing.

But none of these movements had yet done much to change the ordinary hospitals. They were usually poor-houses, and almost pest-houses. Even the best, with a fair measure of broom and mop cleanliness, were wide as the poles asunder from the temples of aseptic cleanliness we have in our hospitals today. Diseases were cured in them, sometimes, but diseases began in them also. As there was "gaol fever" and "ship fever," so there were "hospital fevers," erysipelas, pyaemia, "hospital" gangrene, always present in the wards and sometimes raging so as to infect almost all who came in, especially those with wounds. Old wards at times had to be closed, but new wards soon became as bad. It was even proposed that all hospitals should be destroyed and replaced by temporary structures which from time to time could be destroyed.

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No post-Listerian surgeon, even with full modern armamentarium, would think of treating a wound, much less of making a wound, however necessary the operation, in such a place. Such a thing as healing "by first intention" was almost unknown, and the best that could be looked for was slow repair, with the wound bathed in pus and the whole body in a fever. Pus of a certain appearance was even described as "laudable." When a broken bone penetrated the skin, the best surgical usage was to amputate, to try to save life rather than limb, and even then only one out of three survived. Whatever their extremity, patients shuddered at the very name hospital, and the most skilful surgeons distrusted their craft. One called the hospital "the house of death." Such infections were the tragedy of hospitals, the greatest of the many tragedies of war, the tragedy of childbearing, a tragedy of many centuries, a tragedy beyond words.

LORD LISTER *Courtesy of the Manitoba Free Press*

The Glasgow infirmary, when Lis-

ter went to it as surgeon and professor of surgery, was truthfully described as a hotbed of disease. Many expedients were tried, such as open windows and abundance of clean linen, but without much improvement. Such a gentle and humane man was in despair. How could these things be explained? What were the causes? What could be done? There were many surmises. Was the oxygen of the air harmful? Was it not when tissues were opened up to the air that putrefaction began? When nothing specific could be found the wise men of that day laid blame usually upon miasmata as we lay it upon germs. Even after four years of earnest and unremitting work little had been accomplished.

Then one day the professor of chemistry asked the professor of surgery, just by the way, if he had heard of the remarkable experiments of the French chemist, Pasteur, who had shown that air, however pure it seemed to be, always contained living organisms which he called vibrios. The air of streets and houses had many of these organisms, and the air of mountain tops very few, but all had some. It was these organisms in the air that caused fermentation. There was no such thing as life arising without previous life. Life could come only from life. If germs were absolutely excluded, or destroyed by boiling, there could be no fermentation. The germ was the life, and the life was the germ.

To Lister this came as an electric charge, and clarified all his thinking. Living germs were in the air. These caused fermentation. He had already concluded that the decomposition which took place in wounds was a sort of fermentation. Keep the germs out of wounds, or kill them in the wounds, and the wounds would heal without difficulty. Despair was at an end. Triumph had begun.

To ten thousand others Pasteur's demonstration was just one more unrelated curious scientific fact. To Lister it was a revelation, showing suddenly, as in a flash from heaven, how death had conquered life, and how life might be made to conquer death. It was to Lister the revelation came because of the great horror of needless suffering that burdened his soul, and because for 20 years he had laboured day and night to find a way of deliverance. He saw the sunrise from the height because he watched for it there, and he watched for it there alone. Opportunity comes to the man who is ready.

Pasteur saw the need also. About this time he told the Third Napoleon that it was his one ambition to know the causes of putrid and contagious diseases. But he did not see as Lister did how far-reaching was his own discovery. He had not the eyes of the surgeon-anatomist-physiologist. He was at the time conquering the diseases of beer vats. But when Lister's discovery was flashed back in turn to Pasteur he led such campaigns of science against the forces of darkness and disease as the world had never known, and routed them in fifteen glorious battles.

Or was it a game, with the destinies of mankind at stake? Lister scoring magnificently on a perfect pass from the French chemist, and Pasteur in turn scoring on passes from the English surgeon, until in one short generation Pasteur could reach to the conception that it is in the power of mankind to banish all germ diseases from the earth. In both men there were great hearts equal to great deeds; in both an intense love of truth, a passionate humanity, an invincible patience and radiant purity. They were perhaps the two most perfect men who ever entered the Kingdom of Science.

Lister chose for a trial of his new method, compound fracture. In 1865, if a broken bone were pushed through the skin the chances were

about four in five the man would die. Lister planned now to keep the air out, and used to keep it out a new substance the city of Carlisle had found useful in deodorizing sewage, carbolic acid. This was made to form a crust over the wound. In the operating room a spray of carbolic acid solution was used to kill organisms in the air.

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Thus, with crude methods, began anti-septic surgery. It killed germs; it established principles; it saved life; but best of all, it led gradually to better principles, to greater saving of life, to aseptic surgery, to asepsis, or avoiding germs, to prevention, which is better than cure. Thus came modern surgery and much of modern medical science as well.

So "Listerism" transformed surgery, methods, textbooks, statistics, principles, colleges, hospitals, indeed most of the fundamentals of medical science. That was Change. But when these principles began to infiltrate the ordinary common thought of the whole community, that was Revolution. Behold how great a matter a little fire kindleth. So much are these principles a part of our daily life and thought that it is only by a great effort we can dissociate them from us for the moment and put on instead the old fashion of thought of our great-grandparents, especially in matters of cleanliness and health. We can scarcely measure the extent of the change.

As civilization has advanced century by century there has been an increase of a year or two per century in the average length of human life. The most tremendous achievement of our time, which is piling up surpluses for insurance companies, has been a ten-year increase, in a quarter century, in the average length of human life. Among the causes of this most wonderful gain it is very likely that the greatest is a widespread interest among all sorts and conditions of men—and especially of women—in the new knowledge that came in with Lister, the new cleanliness; a cleanliness beyond housekeeper cleanliness; a cleanliness from evil things that are present and potent, but yet unseen; a microscopic cleanliness from microscopic dirt; a cleanliness that is indeed next to godliness.

Lord Lister was a great surgeon, a very great surgeon, who would have been long remembered for what he learned and taught, even apart from the Great Thing he learned and taught. But he was more, he was a great Explorer, a Venturer forth upon uncharted seas, a Discoverer as great as Leif Erickson or Columbus, greater indeed than either, both in his achievement and in the results that followed upon his achievement. And he was a great man.

(The Manitoba Free Press, April 5th, 1927.)

MATERNITY BONUSES

At a meeting of the executive committee, National Council of Women, held in Ottawa on March 30 and 31, the Canadian Nurses Association was represented by Miss Elizabeth Smellie and Miss Gertrude Bennett.

The question of maternity benefits received the attention of the delegates, following the report on the special committee on maternity bonuses. After lengthy discussion the following resolution re maternity benefits was passed: "That the resolution re maternity benefits be withdrawn and that the local and provincial councils be asked to study the question of maternity and infant care and mortality, gathering expert opinion as to the best methods of improving conditions, and to send their reports not later than June 1st to the special committee appointed at the November executive meeting; these reports to be considered by the committee along with reports from the Canadian Association of Social Workers and the Canadian Women's Medical Association; and recommendation to be brought in at the annual meeting (1927)."

The change in the name of this special committee on maternity benefits to committee on maternity care will permit this committee to approach the question from any angle and not only as a question of benefits.

Miss Eunice Dyke represents the Canadian Nurses Association on the special committee mentioned above.

The International Council of Nurses

Tentative Programme for the Interim Conference, Geneva, July 27th—30th, 1927

Meeting to be held in the Salle Centrale, 10 Place de la Madeleine.

WEDNESDAY, JULY 27th

2 to 7 p.m.—Registration

2.30-7 p.m.—Excursions and visits to social institutions in Geneva for those who wish to take part.

8.30 p.m.—Opening Session

Chairman, Nina D. Gage, president.

Address of Welcome, Representative of the Council of the City of Geneva.

Response, Nina D. Gage.

Addresses, Representatives of the League of Nations and the International Labour Office.

"The Part of Nursing in the Red Cross Movement," Gustave Ador, president, International Red Cross Committee.

"Methods of Co-operation between the Red Cross and the Nursing Profession," Clara D. Noyes, National Director, Nursing Service, American Red Cross.

THURSDAY, JULY 28th

9.30 to 12 noon—General Session

Chairman, Ethel Gordon Fenwick, Founder of the Council.

(a) Brief report of meeting of the Board of Directors, Nina D. Gage, president.

(b) Roll call by countries.

(c) Subject for discussion: "Advantages and Disadvantages of Standardizing Nursing Technique."

2.30 to 4.30 p.m.

Demonstration of Nursing Procedures (by schools of nursing of various countries.)

4.30 to 7 p.m.

Visits to different institutions.

8.30 p.m.

Informal reception.

FRIDAY, JULY 29th

9.30 to 12 noon—General Session

Chairman, Baroness Sophie Mannerheim, Hon. President of the Council.

Subject for discussion: "Ways and Means of Promoting the Powers of Observation and Scientific Reasoning in Our Student Nurses."

3 to 5.30 p.m.

Three lectures on various phases of the work of the League of Nations to be given at the Headquarters of the League of Nations, by prominent members of the staff.

8.30 p.m.—Round Tables

1. Methods of Supervision and Record-keeping in schools of nursing.
2. Methods of Supervision and Record-keeping in Public Health Organizations.
3. Newer Developments in Private Duty Nursing.
4. Principles and Adaptations in Pioneer Nursing.
5. Ways and Means of promoting Professional Efficiency and Personal Development of Trained Nurses working on the Staffs of Hospitals and Public Health Organizations.

SATURDAY, JULY 30th

9 a.m.

Demonstration and Exhibition of Nurses' Uniforms and Equipment.

10 to 12 noon

Lectures on the work of the International Labour Office and what it can do for nurses to be given at the Headquarters of the International Labour Office.

2.30 to 6 p.m.

Boat Ride on the Lac Leman.

N.B.—The languages used at the conference will be: English, French and German.

Demonstration and Exhibition of Nurses' Uniforms and Equipment

Uniforms and equipment as now used in various countries by:—

Hospitals and Private Duty Nurses,

Public Health Nurses,

Army, Navy and Red Cross Nurses,

as well as historical material and, if possible, uniforms proposed for future use.

The uniforms will be displayed either on living models or lay figures. It is hoped that institutions of various countries, even though none of their members are able to take part in the Conference, will be interested and send samples of uniforms worn.

Material for this demonstration should be addressed to: **The International Council of Nurses, 1 Place du Lac, Geneva, Switzerland,** and distinctly marked **"Congres de Personnel Sanitaire,"** to ensure its entry into Switzerland duty free. All parcels should include a list giving full details of material sent, the name and address of the sender, as well as, if possible, a snapshot of a person wearing the uniform, in order to make sure that the uniform is worn correctly during the demonstration. All material will be returned immediately after the Conference without expense to the sender.

The Registration Fee for the Conference will be 5 francs, to be paid after arrival in Geneva. This will include admission to all meetings, as well as social functions.

The Mailing Address for participants in the Conference will be: The International Council of Nurses, 1 Place du Lac, Geneva.

Editorial

An Appeal for Funds by The Canadian Red Cross

The announcement by the Canadian Red Cross Society that an appeal for funds will be made all over the Dominion between Empire Day and Dominion Day of this year will be of great interest to all Canadian nurses. The Canadian Red Cross has since the war in organizing the peace time programme endeavoured to meet the responsibilities assigned to the organization by article No. 25 of the Covenant of the League of Nations which is as follows:—

"The members of the League agree to encourage and promote the establishment and co-operation of duly authorized national voluntary Red Cross organizations, having as purposes the improvement of health, the prevention of disease and the mitigation of suffering throughout the world."

These objects have not only been the goal of the Canadian Red Cross but also the goal of the Red Cross Societies in fifty-five countries throughout the world.

As nurses we realize that a great many of the activities of the Red Cross Society are related in different ways to nurses and nursing and it is in this relation that the nurses of Canada should realize their responsibility toward the development of new health activities and the satisfactory carrying on of those already established.

The first demand on the Red Cross Society will always be the supplementing of official measures for the benefit of those who were disabled in the war. This work comes directly in touch with nurses all over Canada who are still engaged in the care of our soldier patients, and is of greatest assistance in supplying comforts and in acts of friendly kindness that help those patients through the long tedious days of hospital life.

The Red Cross Nursing Outposts, of which thirty-nine have been established, are helping to solve a problem that has long been discussed in nursing groups: that of supplying nursing services to the citizens of outlying districts, who otherwise have no way of obtaining such service. The Red Cross has maintained the highest standards in the nursing service provided and our nurses have proved themselves not only willing but interested and anxious to serve in these isolated districts. Without assistance the nurses of Canada could not meet this urgent need, but with the Red Cross taking the initiative and bearing the financial burden the nurses are enabled to make their contribution, which is one of nursing service.

The classes in home nursing organized throughout the Dominion and taught very largely by nurses volunteering for this work have already given instruction to over ten thousand women and girls. If this teaching is put into practice it should tend to improve many homes in home management and health.

The development of nursing education in Canada has benefitted greatly through the Red Cross Society. Many of the university courses for post-graduate work in nursing have been organized by the Red Cross Society in co-operation with the different universities. As nurses we should also appreciate the effort the Red Cross has made to keep all nursing service up to a satisfactory professional standard and to co-operate closely and in an understanding way with the different nursing organizations.

This appeal for funds is necessary to enable the Red Cross Society to carry on its peace time activities and is the first national appeal since the close of the war. It provides us, as nurses, with an opportunity to interest the public and to make the work of the Red Cross Society as well known as possible. Work such as is being done for the welfare of the Canadian people cannot fail to be supported but the desired goal can be more easily reached if all who can give first hand knowledge of the benefits of the work take every opportunity of doing so.

An Address

By MAURICE HUTTON, Principal, University of Toronto

It is one of the characteristic and diverting eccentricities of this age that a man or woman who has earned some modest degree of estimation in his own or her own narrow line is forthwith tempted and encouraged to express himself about a hundred other things of which he knows less than the plain man in the street, who may lawfully have a sound opinion on a multitude of things but is never asked for it.

Some railway magnate or some coal baron or dry goods manufacturer or canner of fruit is asked to address the Y.M.C.A., with whom it is probable he has an imperfect sympathy. Some benevolent woman who has built up a deserved reputation for social service work of an admirable kind, proceeds to lecture on world politics and the world war, and talks, it is likely, unmitigated nonsense about things she has never understood or seriously studied. (I was thinking perhaps when I wrote, even of that admirable and beneficent woman Miss Jane Adams, and her dog fight.)

And here is a Professor of Greek, a fairly healthy person, who has had no occasion of learning intimately what is the work of hospital nurses, whose most fervent prayer is that he may never have to learn: for he has learned this from his Greeks, the wisest men in the world, that health is the best treasure for a man on this earth, though justice may be his noblest quality.

Here is a Professor of Greek addressing a class of nurses and talking like a Greek sophist about things he has never studied — ships and shoes and sealing-wax and cabbages and kings and nurses and hospitals. But there is one difference between us. The Greek sophist charged a fee for his lecture— payment in advance —because no one was ever willing to pay afterwards! I am more modest: modesty was not a Greek virtue; it came in with Christianity.

But I suppose that in reality I have been asked to speak here today because I am so good a foil to all these young women: because I am, in fact, their very opposite.

I am old and bald and homely: they are young and ornamental.

I spend my life at the university in the presence of eternal youth and health; it is a great boon and privilege to enjoy. **They** spend their lives in the presence of eternal suffering and age in the hospitals; it is a solemn duty and kindness that they discharge.

I talk about books to students who read books. The nurses live in the midst of the realities of life and death. I and my students, we spin theories and split thoughts and think that thoughts and theories are the be all and end all and explanation of life.

The nurses know that all thoughts and theories crumble away to nothing in the presence of pains and aches; they have discovered from

their daily task that a little homely, vulgar pain in the stomach, e.g., banishes all pleasant theories and creates a greater pessimism than all pessimist theories.

I talk about ancient history and ancient virtues and ancient Empires and try to make my students conscious of these things; the nurses administer the last triumphs of anaesthetic surgery and medicine, and reduce their patients to unconsciousness of all things; and **their** talk is of X-rays.

I am a Victorian fossil, of the last century, still cumbered with tonsils and appendix; the nurses deal with the new men whom the surgeons have relieved of the mistakes and encumbrances of the past. I have never been inoculated with any serum except vaccine, and that was long ago. You fill up your patients with sera; against typhoid, scarlet fever, diphtheria, even against colds or what the doctors call "Coryza." I am as nature mis-made me; your patients are men made over.

I live in the odour of antiquity; the nurses in the odour iodoform.

My career seems all romancing; yours all reality. Could there be a greater contrast than between our lots? And, nevertheless, I am told some of your patients find some reality still in books and thoughts and draw some hope and consolation from them, even on the bed of sickness, some of them much more hope and consolation on the bed of Death. And conversely there must be some romance in the realities of a hospital; or some of you, I expect, would not be there. Yours is the modern way of taking the veil; and taking the veil is a very romantic thing. It is taking the veil with a difference though, because some of you will marry doctors (and others will refuse doctors).

How many marriages are spoilt because built wholly upon illusions. You and the doctors should escape illusion better than most people. You will each have seen the other when human nature can scarcely hide itself, can scarcely go on acting; in the presence I mean, of the sick and suffering and exacting, and under the pressure of fatigue and overwork. You nurses will see which doctors retain their man's kindness best in these trying hours; and the doctors will see which of you nurses retains best a woman's sympathy and patience.

The outside world idealizes both of you, and thinks of hospital nurses as Florence Nightingales, as "angels with the lamp," with the electric torch. But the doctors see Florence Nightingales as they are; and if they are very masterful and very exacting women, the doctors at least know it, though no one else may, and govern themselves accordingly.

And you see the doctors as they are; and if they lose humanity in science and plume themselves—as has happened occasionally I believe—on gauging the patient's number of days, hours, minutes, still left to him, and informing him with scientific accuracy how small the figure is, why you know it, though the world outside knows only the science; and you guide yourselves appropriately.

In this age when creeds and faiths have for the moment lost something of their grip, and suffering and ill-health have come to be regarded once again, as by the Pagans, as the worst evils of life; in this age and at this moment especially when the whole world is one great hospital, and much of it more like a hospital for incurables than a convalescent hospital, you and the doctors have come into your own: you are recognized jointly today as the chief benefactors of mankind.

Especially those of you who can add your instinct and your intuition and your natural tact and insight to your medical science; and can find therein, in these natural qualities, a second string to your bow.

Such nurses are the living measure and sign, the golden cloud of witnesses, whereby the civilisation of the 20th century eclipses that of the 19th century: especially the early and middle 19th.

In those days in England, as I can still well remember, a professional nurse was a sight for tears and laughter; tears to sensitive people and to her patients, laughter to humourists. Their very names were the source of laughter or tears; Gamp and Prig and Bunker and Jupp. Ah, ladies! if you by taking thought can add half a cubit to the amusement Mrs. Gamp gave the world without meaning to, the public will bless you; and your patients, too, if in every other way you are as unlike Mrs. Gamp as possible: in her clothes, in her appearance, in her tippling, in her brutality. She led her patients—I quote from herself—"like a Martha to the Stakes." You are expected to be to your patient's Martha and Mary in one.

Your patients will be as trying as hers. You will have old Mr. Chuffly to wait upon, and he will be much the same as in the 19th century. But treat him better than she did and he will become better and more human. Even senile decay, the most piteous thing on earth, is open to a good nurse's influence.

You will see too much of the seamy side of life. "Every man is a rascal when he is sick," said Dr. Johnson, who knew everything. Every man, he meant, is self engrossed and selfish when he is sick and is self absorbed.

Every man is a saint, said the ancient Roman, when he is sick; but that was the Roman's narrow pagan point of view. Life to an ancient Roman meant kicking and making other people miserable. A sick man in bed cannot kick, so seemed to the Romans a very strange and saintly creature. But Dr. Johnson's judgment was better and deeper.

Your difficulty will be to retain sympathy with those selfish and exacting sufferers. You will become so used to sickness that you will lose, if you are not careful, your natural weakness for it which is also your natural strength, your softness of heart. You will be in danger of becoming hardened and callous in your hearts as a housemaid becomes in her knees. You must idealize sickness as your patients idealize you. You must say of sickness as one man said of you—Age cannot wither nor custom stale its infinite variety. Keep your softness of heart for every kind of sickness.

And then you may even be able to do something for the sufferers who suffer most; the nervous wrecks and the victims of insomnia or senile decay, those sensitive persons, whose hopes and ambitions have been roused by education and then dashed by the disappointments and disillusionments of life—for whom even the sound of the grasshopper has become a burden, in whom desire fails; who wake up at the voice of a bird and cannot sleep again; for whom fears are always in the way; whose heads are as white as almond trees in blossom; to whom all the daughters of music—the young women who sing in cafes chantants—count for nothing (Ecclesiastes, Chap. XI).

You are educated women and have your fair modicum of science; all the better for you. It is better to have an active mind and brain; better for yourselves, better also for your patients, than that you should be merely as full of feeling and emotion as the uneducated women of the past.

"Life is a tragedy to those who feel, a comedy to those who think." Life would be too awful a tragedy for hospital nurses if they could only feel, not think. It will be wiser for you to look for the comedy as well, which lurks even in a hospital and among the medicine bottles and sera and bacilli, than be overcharged with feeling.

Some of your patients will recover if you can make them laugh, others if you can make them love; none of them will recover by your tears probably; nor even very many by their own. And besides, if you were to stop to pity all the suffering in the hospital or in the world or in the hospitals of the world, you would destroy your own usefulness, without healing the world; like the sick king in Bokhara.

In conclusion, I congratulate you on your vocation and your training for it. You belong to a profession which every one respects. Even the demagogic and canting press, which holds that a woman is discredited if she be called a domestic servant, that a man is insulted, if it be said that he has married a domestic servant; even the press which seeks to make women discontented with the oldest and most essential of all feminine professions, domestic service, that domestic service whose practitioners are, in my experience, better born, as a rule, better dressed, better looking, better mannered, better housed, better fed and better educated, than women earning similar wages and smaller wages in stores or factories; that domestic service which is also the profession more and more of most of the wives of Canada and of an ever-increasing number of the husbands; even the demagogic cant which flings stones at this profession of domestic service, flings no stones at you. You have a profession which all honour, cant or no cant.

And you have had an education fitting you for it; "education is the rattle of youth," said the greatest authority on education and the best educated man of the best educated race on earth, the ancient Greeks.

"Education is the rattle of youth," Aristotle said. It keeps young people happy and amused and interested; he meant, and it keeps them also out of mischief.

Use your education, your rattle, happily and tactfully so as to cheer and amuse yourselves and your patients. Some of them will be children, easily amused; others will be children in everything but age. A few of them, alas, will be the less happy children who are children for the second time. And these above all will need all the patience and forbearance, c a r e, gentleness and science, which the bravest and the best and the wisest among you can find to give them. These are the hardest patients to help. These are they of whom the philosophic surgeon and doctor wrote in the only passage of his voluminous writings wherein he has reached eloquence.

Speaking of old age and senile decay, John Locke says: "Our ideas, like the children of our youth, die before us and our minds resemble those tombs to which we are hastening; where, though the brass and the marble remains, the inscriptions are effaced by time and the imagery moulders away."

Some of you will have to minister to these afflicted: the worst afflicted of all. Whatever you can do for them and for their cure is a service equally rendered and equally invaluable alike to humanity and to science. When you can render these patients such a service, it will be said of your work in all sincerity and sobriety: "Mercy and truth have met together; righteousness and peace have kissed each other."

(An address to the Alumnae Association, Hospital for Sick Children, Toronto.)

The Trained Nurse as a Storm Centre Discussion

The nurse is indispensable in any kind of medical work that amounts to anything, and especially so in institutions. Discussion, animated, sometimes excited, busies itself with questions of her training, qualifications, field of work, hours, pay, motives, attitude. Physicians complain that she is hard to lure to the bedsides of private patients, that she is too often overtrained in theory, unduly professionalized, lacking in practicality and docility. Families find fault with the amount of her salary, the limitations of her hours, and her unwillingness to lend a hand in domestic tasks. Few people of modest means can afford to have her at all.

The hospitals, too, cherish a grievance. They give her a sound training only to see her desert the wards to do public health nursing, school nursing, industrial hygiene work and the like. Some of the smaller hospitals especially are quite bitter about this exodus. One of the most frequent complaints has to do with educational requirements. These are declared to be uselessly high, too theoretical and professional, and a chief cause of keeping numbers low and costs high. All the plaintiffs tend to picture the nurse as something of a profiteer who has lost the Florence Nightingale spirit of sacrifice and service.

What has the defendant, the graduate registered nurse, to say about these indictments? Here are some of the things she believes ought to be considered. Her education has cost her time and some money—actually a substantial sum if what she might have been earning in other work is taken into account. After an elementary school course, and often one or more years of high school, she has spent three years in a hospital. She thinks that during her period of training the hospital had a good deal of work from her on fairly cheap terms. When she has finished her course she feels that she has the right to choose between continuing in hospital service and entering the fields of private nursing or salaried public health or institutional nursing.

From this point she can hardly be described in the singular. A good many nurses fall into the hospital routine and remain in spite of often rather irksome conditions of work, residence and discipline. They cannot agree that the pay is excessive when their hospital duties and responsibilities towards pupil nurses are fairly appraised.

The nurse's income from her work alone never leads to more than a reasonably comfortable living, and if she fails in health or loses much time because of vacations or enforced idleness she is immediately in economic danger. Very little can be saved for such matters as insurance and old age.

It is not strange, therefore, that longheaded young women with a liking for responsibility enter readily into the salaried service of public health work. Here they find continuous income, fixed hours, certain individuality and the satisfaction of rendering service to large groups of needy people. If the nurse seems to lack something of the spirit of those women who are in religious orders it is because they are not provided for in like manner by society—a competence for old age and peace and security of mind and body.

(American Medicine, December, 1926.)

The Sanatorium, a University

By Dr. DAVID A. STEWART, Medical Superintendent, Manitoba Sanatorium, Ninette

"Seneca thinks the gods are well-pleased when they see great men contending with adversity."—BURTON.

"I calculate that we know one seven-billionth of one per cent. about anything."
THOMAS EDISON.

"The excellency of knowledge is that wisdom giveth life to them that have it."
ECCLESIASTES.

It used to be said in the old days of too much food and too few interests, that sanatorium patients came in men and went out cabbages. It is true that a workless man tends to become a worthless man, even if the worklessness be his misfortune and in no way his fault. A man with a daily task, a daily interest, something to mark the movement of the moments, something to make time of value, is a much better patient and will go much farther in "the cure," than one who has no employment but to watch the dragging hours upon the clock. Moments that were leaden can be made golden by the stimulus of a daily duty or a waiting task.

Some work to do, of a kind and an amount suitable to his condition, is the right and the duty and should be the privilege of almost every tuberculous man in bed, every convalescent, every part-sick, part-well man and every fairly-well but restricted and handicapped man.

What shall the work be? As the handicaps of disease lessen, opportunities for work increase. The fairly-well man or woman is easily provided for. What of those in bed?

We have lived through the era of "vocational" work and found that it usually did not make carpenters or, if it did, it sometimes un-made cures. Through the various phases of ordinary "occupational," work we have passed also, and in some there has been real value. Even to busy the fingers only, while the mind is idle, has sometimes its uses. But the peculiarity of the tuberculous patient is that for long months he lies in bed, *a mens sana*, though not *in corpore sano*, a healthy functioning active mind in a disabled body. Play-things may satisfy for a month, but not much longer, at least they should not. If they do, when a little stiffer employment is possible, the mind has perhaps become sick; laziness, lack of earnestness, are besetting sins of the part-sick.

For the sick man in bed ingenuity can devise many occupations of interest and usefulness, but of all these the most elastic, the most varied and generally applicable, at any rate to the tuberculous sick man, the best filler-in of his moments, the best organizer of his days, the best tonic to keep his soul in health, is study. If we must have one word to replace "vocational," or "occupational," let it be "cultural." Along with doctor and nurse let us have school master and mistress.

We speak often of the sanatorium as a school. If it is not a school of health, it is nothing. But it may be, and should be, much more broadly than most of us have it, a school. Formal, regular, purposive study gives almost all the days a double use, yields a product and a by-product, cure of the body and culture of the mind as well.

It needs no costly equipment, but may begin impromptu, at any moment, wherever there is a man and a book. No need of a school-room. What place better than a bed? What time better than today? A teacher? If we can get one, yes, by all means. If not, perhaps the man in the next bed may help. If he cannot, a man and a book, even left to themselves, can conjure up magic, can work

wonders, can perform miracles.

It is wonderful what can be accomplished by a man in bed, with just a little guidance and encouragement from a teacher making perhaps not more than one visit a week. The results of such a casual-looking routine suggest that the bottle and funnel method of education may not be so necessary, wise or efficient as we thought. All real education, after all, is self- education, and the process of self-education can go on favourably, in adults at any rate, with a minimum of teaching and direction.

Study may be directly vocational. It may fill in painful gaps in the little red school-house curriculum. It can give a real start to those who missed that educational stimulus of the district altogether. It can help the man of foreign tongue to a start in the language and usages of his new home. Carpenter, lawyer, doctor, farmer, machinist, engineer, housekeeper, business man, professor, plasterer, miner, each may get from study a better understanding of his own work and its place in the community, can seriously better himself in it by studying its various relations. As Edison has said, "We know about one seven-billionth of one per cent. about anything." So there is much we can learn, and should learn, even the youngest of us.

A little arithmetic or history or grammar or spelling fills a part of the day interestingly and purposefully also. The man in bed begins to feel himself a useful member of society again, no longer an encumbrance, or idler, actually at work, if only for a few minutes a day, and that in his own bed, getting ready for more suitable employment when he has conquered his disease. For a tuberculous man, whose wage should be earned with least sweat of brow, has special need to improve all his aptitudes and capacities.

Every man needs a play job as well as a work job, an avocation as well as a vocation. And this need is not the less but far the greater in chronic illness with its long empty hours, and its uncertain outlook into the western haze. Study is occupational and cultural, and soul satisfying, though too much may well be, as Soloman has said, a weariness of the flesh. From poetry, history, or astronomy, from geology, literature or language, there may linger an after-glow for the long watches of the night or day when the lamp of energy burns dim. There is something in books that can interest every human being, not wholly idiotic, if it could be found. In a hospital ward a stranger may pick out those who are occupied and those who only dawdle. No avocation, no filler for chinks of time, is half so generally suitable as study. Time that might be wastefully killed is usefully and pleasantly filled.

Should not every sanatorium be a university, and every man and woman in it a student? Might not the inquiries on admission include school history as well as health history, preferences in books as well as in foods, mental and social needs as well as physical? Each periodical survey might take account of what head was doing as well as heat regulating centre. School-master might report on progress as well as nurse. For a man to spend a whole sanatorium year or two, fit for some work, and find betterment in body only, no useful by-product besides, should be considered a reproach to our system. A sanatorium can be made a school, and men in bed students. It has been done, and the results are good both for mind and body.

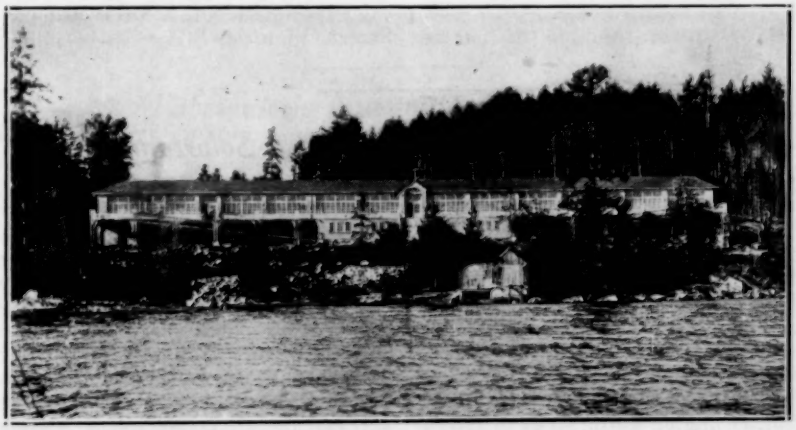
What has been said of the sanatorium is almost equally true of hospitals in general. Many an hour and many a day of many an illness might be filled with study or purposeful reading, or work, not only without harm but with positive gain in all ways to all concerned: the patient, the hospital and the community.

(The Journal of The Out-Door Life, December, 1926.)

Queen Alexandra Solarium

By C. WACE, F.R.C.S.

The Queen Alexandra Solarium is the outcome of an ideal which originated with the Women's Institutes of British Columbia. The Solarium is situated at Malahat Beach in a sheltered bay on the Saanich Inlet at the southern end of Vancouver Island, thirty miles from Victoria, and easily accessible by road and rail. Patients coming to the Solarium from the mainland can travel by a short sea route via Vancouver and Nanaimo, and then by rail to Cobble Hill Station, four miles from the Solarium.



QUEEN ALEXANDRA SOLARIUM, MALAHAT BEACH, B.C.

The Solarium is not a hospital, no acute cases of illness or cases requiring operation are received, it has been designed and built to provide the ideal conditions for the treatment of delicate and crippled children by sunlight, open air and sea bathing.

It is of great importance to realize at the outset that, "Prevention of illness in delicate children," is one of the primary objects of the founders of the Solarium, and the term crippled child does not only refer to physical deformities, but includes any child in whom the normal physical activities of childhood are curtailed by illness, accident or from birth.

The rationale of the treatment is based on the work of Sir Henry Gauvain, the medical superintendent of the Lord Mayor Treloar Crippled Children's Homes at Alton and Hayling Island, England, and of Dr. Rollier at Leysin in Switzerland.

The climate of southern Vancouver Island with its high record of bright sunshine, its clear atmosphere and equable temperature, provides ideal conditions for the practice of Heliotherapy.

The Solarium was opened for the admission of patients on March 1st, 1927, and now, in less than three weeks, twenty patients are under treatment.

The directors of the Solarium have recognized from the commencement the value and curative effect of education for the crippled child, who, too often, as a result of his or her physical condition, has been grievously handicapped in school work. By the generous co-operation

of the Government of British Columbia, a special teacher has been appointed, and lessons adapted as far as possible to the needs of each child are a part of the daily life in the Solarium.

We are unfortunately compelled to realize that in some cases, alleviation of a long existing deformity is all that we can hope for, and it is the intention of the directors, as soon as sufficient funds are available, to provide technical training for boys and girls in such trades and handicrafts as are suitable to their physical capacity, and designed to render them self-supporting after their return home.

Boys up to the age of twelve years, and girls up to fourteen years are eligible for admission, subject to the approval of the directors.

The Queen Alexandra Solarium has been built by the generosity of the men and women of British Columbia, and our first duty is to the crippled children of this province, but we look forward to the day when, with increased accommodation, we can offer to any crippled child in Canada, the manifest advantages of prolonged treatment in the mild, equable and sunny climate of Vancouver Island.

All enquiries should be addressed to:—Hon. Secretary and Hon. Medical Superintendent, 918 Government Street, Victoria, B.C.

A Visit to Queen Alexandra Solarium

By META HODGE, Director, Junior Red Cross for British Columbia

It would bring joy to the hearts of all nurses interested in the care and cure of crippled or delicate children to visit this wonderful sun-cure home. The building, itself, is of the bungalow type and has a total length of 240 ft. by an average width of 50 ft., and faces east, slightly angled south, so as to follow the course of the sun. The entire structure rests on a solid concrete foundation, while the inside is finished throughout with "Lamateo" panel dadoes.

The main floor comprises the following:—

Three ward units (which are separated by sliding glazed doors) provide a total accommodation for about forty-four beds and cots. The special feature of these wards is the window arrangement in front: the windows being so planned as to be opened and folded back out of the way, thus providing an open front effect when desired. Three double doors give access from the wards to the big open verandah which runs the entire length of the building and is about twelve feet wide.

Sloping ways are provided from the verandah down to the grade in front of the building, which faces the sea.

On the south-west corner of the building is an enclosed verandah seventy feet long by about fifteen feet wide with a large bay window and open fireplace. This room is fitted up with black-board and individual locker seats for each child, and will be used when necessary to have school in-doors.

In the north-west angle of the building are separate nurses' quarters, consisting of several nice bright bed rooms and a very pleasant sitting-room.

The kitchen is very spacious and well lighted with an alcove for the use of the kitchen staff. There is a pantry adjacent to the kitchen, while the laundry and clothes room—with lockers—are situated in a well ventilated basement, and thus the building makes a very complete

home which should save the staff many extra steps—the problem in many of our institutions.

At present the staff consists of a matron (who has had special training in Heliotherapy at Alton, England), an assistant matron, who is also a trained nurse, and two capable looking girls who are being trained in the work. These, with the cook, kitchen maid, laundress and janitor are kept busy looking after the physical needs of the children.

The teacher had the little flock of smiling boys and girls out on the verandah in the glorious sunshine and was busy ministering to their mental needs while the sun healed their bodies.

One had a feeling that here was something really constructive and the people of British Columbia are to be congratulated on their vision and foresight in thus providing nature's treatment. Manitoba has had a children's hospital for some years to which the "Shriners" have made an excellent addition. Saskatchewan and Alberta have splendidly equipped Junior Red Cross Hospitals, and now British Columbia has added this wonderful **Solarium** to meet the needs of its handicapped children.

It may well be called a **Sun-Cure Home** as the climate even surpasses that of the far-famed sunny Riviera.

Tuberculosis Nursing in Sanatoria *

By E. FRANCES UPTON, Superintendent of Nurses, Laurentian Sanatorium, Ste. Agathe des Monts, P.Q.

In the brief time placed at our disposal today, and having been asked to tell you something about the special course in tuberculosis which we are giving at the Laurentian Sanatorium, I will endeavour to point out to you what we are attempting to do and what we consider the value of such a course should be to our nurses and the community with whom they come in contact.

As fellow members of the Association of Registered Nurses for the Province of Quebec it would perhaps be well if we considered our subject from the angle of the two problems involved by the prevalence of tuberculosis among the population of our province:

1. The fact that there are more cases of tuberculosis in the Province of Quebec than in any other in the Dominion, and that there are fewer beds for hospitalization of such cases available.

2. The shortage of nurses specially trained for tuberculosis work.

That the Province of Quebec has always lacked hospital accommodation for its tuberculous patients is deplorable, and whether such accommodation will be forthcoming in our day and generation is a question over which we shall have little or no control; but we must admit that at the present time the administrative department of our province is awake to its responsibilities in this matter, and is forging ahead in its tuberculosis campaign.

The formation of the Montreal Anti-Tuberculosis and General Health League two years ago gave great stimulus to the work. The opening of the hospital at Cartierville, the extension of dispensary work in Montreal, Quebec and Three Rivers, and the opening of the Laurentian Sanatorium are all evidences that in so far as the problem of hospitalization of patients is concerned, the matter is in capable and willing hands.

Now comes our responsibility, and it is to my mind a heavy one. Previous to September 1st, 1926, when we began in our very small way to give to qualified graduate nurses an in-

(*Read at the annual meeting of the Registered Nurses Association for the Province of Quebec, 1927.)

tensive course in theory and practice in tuberculosis work facilities for gaining such knowledge were limited.

As we look back over the past twenty years we are forced to admit that the thought of participating in the work of "the cure and prevention of tuberculosis" has never been taken by us, as a body of professional nurses, as our affair. This disease, which is one of civilization, has spread steadily and alarmingly, yet the "mystery" of how this came to pass and what to do about it have been left in the hands of the few. Surely we must believe that the time has come when all nurses should receive scientific training and experience in the modern method of treating tuberculosis, if we, as nurses, are to carry our share of the problem of educating the public in health matters, which, according to the master minds, is the one thing which will render the greatest amount of assistance in eliminating disease.

Tuberculosis is a social disease affecting every strata of society. It is a disease of our boasted civilization, and consequently a house disease. It flourishes in our homes, schools, churches, factories, wherever human beings are congested, and particularly so if there is overcrowding and lack of proper ventilation.

The question of providing nurses specially trained in this great and all important work is in the hands of this association, whose members are assembled in conference here this afternoon.

Magazines today are teeming with articles on Tuberculosis, the whole medical world is alive to the fact that the time has come when more scientific treatment is required for the tuberculous patient, and sums of money are being asked and voted in many places to provide the special education required for doctors and nurses. Hear what some of these articles say.

One prominent member of the medical staff of the Johns Hopkins Hospital has recently stated "That tuberculosis is the most disastrous of all diseases to the general hospital nurse, and therefore it is paramount that tuberculosis nursing be included in the curricula of all nurses' training schools."

The November number of The American Journal of Nursing contains the following:—"From a purely nursing point of view, the most important matter discussed at the meeting of the National Tuberculosis Association in Washington the week of October 4th, was the report of Doctor E. R. Badirin, from which we quote, and the resolutions that resulted therefrom:

"As the first concrete step, our committee will make a recommendation to the directors of the National Tuberculosis Association that action be taken through certain state associations (if this is considered best) to urge that appropriations be made by municipal or state authorities for short courses of training for general hospital pupils or graduates. West Virginia has already made such a provision and such an affiliation is already in successful operation with the Glen Lake Sanatorium and the University of Minnesota School of Nursing in Minneapolis. If the states will not begin this work without a demonstration of its value, we favour appeals to the large educational foundations for temporary grants. It is a pleasure to announce that such a grant for five years has been made by the Rockefeller Foundation to the D. Ogden Mills Training School at the Trudeau Sanatorium, N.Y.

1. Resolved, that the committee, after having investigated the existing facilities for tuberculosis training and having found eight state or county sanatoria conducting accredited schools for nursing and capable of expansion, suggests that the directors urge the authorities of these states and counties, directly or through the State Tuberculosis Associations, to make provision for affiliation with general hospitals for short courses

of instruction in tuberculosis nursing through residence at the sanatoria.

2. Resolved, that tuberculosis institutions of established merit and conveniently placed be brought to the attention of the large educational foundations and life insurance companies and appeals made for grants to aid in supplying tuberculosis instruction to nurses, particularly to those engaged in public health work.

3. Resolved, that the American Nurses Association, the National League of Nursing Education and the National Organization for Public Health Nursing be requested to use their influence to secure funds and encourage affiliations with such sanatoria as shall be recommended by the National Tuberculosis Association and accredited by their state boards of examiners."

A recent number of The Modern Hospital contains numerous articles bearing upon the present day problem of eradicating tuberculosis, from which the following extracts are selected:—

Dr. David Lyman states: "There are still far too many institutions in operation whose governing boards do not realize what the proper medical treatment of tuberculosis really is, who are content to maintain the old fashioned boarding-house type of institution, employing the cheapest, and not the best physician who can be procured, and then so burdening him with details of administration, outside clinics and educational propaganda, as to leave him no time for real medical work. Any man or woman of affairs knows that cheap things are usually the most expensive.

The great defect in our medical treatment of tuberculosis today lies in the fact that those responsible for the construction and maintenance of our institutions do not realize this, have not grasped the fact that from the standpoints of medical and nursing care, the equipment of our sanatoria should resemble that of our best general hospitals, and not merely a first class boarding-house. Treatment, to be effective, should deal not with the lungs alone, but with the entire patient."

And another article: "The shortage of nurses well trained in tuberculosis is well known. A short period, say three months, of post graduate training in tuberculosis treatment given to nurses is a step in the proper direction in the fight against this disease."

Judging by the foregoing remarks we can safely gather that a great number of thinking people look to the nursing profession for much assistance in handling this very important national public health problem. The prophylaxis of tuberculosis so far as the work of state civic societies extends, involves two main elements The building of a maximum individual resistance, and education of the public with regard to the nature and modes of preventing the spread of the tubercle bacillus.

Herein then lies a problem we can help to solve, all we require is our willingness to believe that the care of the tuberculous patient is a real nursing problem, as real as typhoid fever or pneumonia, or many other conditions in which we as well-trained nurses revel, feeling such satisfaction when results are obtained and patients restored to health and happiness.

If we are to successfully participate in the campaign of educating the public in health matters, we must answer the questions which are put before us by the patient and public of today, and the nurse should possess the knowledge which will enable her to do so intelligently.

A patient in our sanatorium three months ago remarked to her nurse who had recently entered the institution, "Will you please tell me if it is possible for me to receive a super infection while here, with so many others who are more advanced than I?" the nurse very wisely said, "Ask me that in two months time when I have learned something about it." The patient kept this in mind, and the other day was thrilled when to her remark "What about our little clinic in super infection," she was given such an interesting

lesson in answer to her question that she will never doubt the value of intelligent nursing in tuberculosis.

The graduate nurse who takes a special course in tuberculosis will find it most refreshing and helpful. Even though she does not intend to follow this particular branch of work she will surely have gained much knowledge which will enable her to be a more useful member of the community in which she lives.

The student nurse who takes her special course in a tuberculosis sanatorium should return to her home school when such course is completed, equipped with a broader knowledge of the meaning of infection. She would have been taught to watch for the development of complications, to realize that when affected with pulmonary tuberculosis she could safeguard her patients against intestinal and laryngeal infection. She should possess a better understanding of the diseases of children, knowing that there is relationship between measles, whooping-cough, and tuberculosis, and that it is during the childhood days that the soil is prepared either to receive and develop tuberculosis, or build up resistance to the disease.

She would also have received such a grilling in the social aspect of the disease, for in the study of tuberculosis this is one of the points strongly emphasized, that in the continuation of her studies she would always have before her the place of her patients in the home and community life.

The student nurse should come to her course in tuberculosis as she would to that of any other communicable disease, in physical condition to attempt such, not when holidays are long overdue. Her position in the sanatorium as a constant health teacher would enable her to safeguard her own health. Knowledge of the sources of infection does remove phthisiophobia.

In conclusion may I urge this association to see to it that the curricula of the nursing schools of this province be revised so as to include tuberculosis nursing as well as obstetrics, pediatrics, and the other necessary subjects already existing.

The Victorian Order of Nurses for Canada Offers Scholarships for 1927-28

The Victorian Order of Nurses for Canada offers scholarships of $400.00 each to graduate registered nurses who wish to take post-graduate training in public health nursing at Canadian universities.

Nurses accepting scholarships will be expected to remain in the service of the Victorian Order for one year upon successful completion of the course, at prevailing salaries.

Prospectus and application forms for university courses may be had upon application to the university. Candidates must state on the university application form that application has been made for a Victorian Order scholarship. Application forms for Victorian Order scholarships may be obtained from the Chief Superintendent, Room 323 Jackson Building, Ottawa.

Applicants must be accepted by the university before Victorian Order scholarships are awarded.

Scholarships will be disbursed as follows: $200.00 beginning of first term, $100.00 middle of term, and $100.00 the last month.

Selected applicants will be notified approximately not later than August 1st.

Nurses not having had practical experience in Victorian Order work will be required to apply for relief duty as opportunity arises, to test their adaptability for the work and to give them opportunity of judging their fitness to undertake it.

Early application is advised.

For further information apply to the Chief Superintendent.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, PQ.

*Private Duty Nursing**

By THERESA O'ROURKE

What a picture many form when they hear the words "private duty nursing." They picture a patient arranged in a comfortable position in bed, probably deeply interested in a book which relates a most exciting story, while a nurse clad in a becoming style of uniform arranges the cut flowers sent by friends anxious to let the sick one know they are thinking of him. But to the person who understands the nurse's side of the scene, what a different picture of the situation presents itself! The anxious hours over the new symptoms observed and noted in order to assist in diagnosis; the many treatments carried out as ordered, in many cases no doubt strongly objected to by the patient! The medicine given at prescribed hours: all regarded as a source of punishment by the sick one. But the knowledge of the necessity of carrying out orders explicitly, and the diplomacy and cheerfulness practised in having the patient unconsciously submitting to routine care has accomplished the desired effect. This all sounds simple but from the nurse it requires all the knowledge of her three years' training. However, the obstacles which are met with in this way are soon forgotten when the nurse has the satisfaction of noting the rapid progress in those entrusted to her care. How gratifying and encouraging it is when she is assured that her patient's condition indicates a return to health and activity.

Private duty nursing is a branch of the profession with a large field which cannot be placed on a routine basis as in each case differences in the management of the home are encountered, even the food eaten being prepared in a different manner. Homes are entered where the value of fresh air and sunshine has not been learned, and the nurse who knows so well their value must adapt herself to the situation and educate this type of person to realize the necessity of the assets of nature. Not always a simple task. In recent years social service workers and school nurses have done a great deal in paving the way along the lines of health, hygiene and sanitation in the homes.

When a nurse graduates and decides to take up private duty nursing she sees ahead of her many opportunities to practise the teaching received in her training-school. She enters another school, the world, and is placed upon her own resources. This is the time to develop self-confidence, experience being the teacher, which is essential in order to do justice to patients and to herself.

During her training days a nurse gains the knowledge of the extent of her scope; but private duty nursing extends into areas of human betterment little dreamed of when the young nurse chose it. Although the scope is wider than anticipated the boundaries are there and a nurse must always guard against being a party to unethical procedure.

Often the services of the nurse extend far beyond the confines of her profession: A mother with a family of small children is taken ill, with no neighbours to assist. A nurse is called in. Who then must

(*Read at the annual meeting of the Manitoba Association of Graduate Nurses, January 28th, 1927.)

take on the responsibility of household care? At such times as these the nurse is more than a nurse; she must, and usually does, use her initiative and copes with the situation. There are times when the extra duties incurred in this way cause her anxiety. She wonders if she will ever find time to do all that she feels is essential to the well-being of her patient; but the relief to a sick mother to know that some one with nursing knowledge is caring for her little ones is often a big step towards convalescence. Often the fee received does not express all the appreciation of the family. The "goodbyes" of the children and the sincere "thank you" of the bread-winner surely repay for the extra duties undertaken, to say nothing of the satisfaction a nurse feels when she knows that the routine of the home has been carried on to the best of her ability. Under such conditions as these nursing provides opportunities in abundance, and therefore comes the satisfaction of a day well spent.

Many are the pathetic and tragic situations that have to be dealt with in private duty nursing, but it also brings many amusing and pleasing incidents. For example, take the case of a recent graduate who spent her first case of three weeks on a farm. At the end of her case the farmer offered her a "fatted calf" in payment of her fee, as an alternative to waiting until the following fall for payment. On the spur of the moment, with the problems of transportation and final disposal of the animal looming ahead, she elected to wait.

Nurses should always, in all places and at all times, do their utmost to relieve suffering and hasten the cure of anyone entrusted to their care. It is their privilege as nurses to be present at the two greatest of God's mysteries: birth and death. To minister to the needs of the new-born, which is an unbounded joy, and to the needs of the dying, one of the gravest duties of a nurse. It is also their duty to minister, as far as possible, to the spiritual needs of their patients.

No one has failed whose work can be summed up honestly in the following beautiful words of Dickens: "Whatever I have tried to do in life I have tried with all my heart to do well; whatever I have devoted myself to I have devoted myself to completely; in great aims and small I have always been thoroughly in earnest."

Book Review

Popular Education in Public Health, by W. Allen Daley, M.B.B., Sc. London, D.P.H. Cambridge, and Hester Viney, S.R.N.

This book is essentially what the title indicates—an outline of ways and means of securing the interest of the public in health education. Prepared by English writers, the material is taken from experience in public health work in the British Isles and, conditions differing to some extent, is not all applicable to work here. The principles on which the work is based are sound, the material is all up-to-date and the conception of health education is broad.

Every phase of the work receives attention—the teaching of the health worker in the home, in the different clinics and in the school as well as special efforts such as popular lectures, the use of the film, broadcasting, the health week and general publicity endeavours. The chapter on "Health Teaching" provides help for the public health nurse who is not familiar with the principles and methods of teaching.

Detailed outlines and special information are given in the appendices which are perhaps the most valuable part of the book.

The style throughout is clear and concise, the divisions are logical and the book is easily read. It should prove valuable to beginners in public health work and of considerable interest to all persons concerned with the education of the public in health matters.

RUBY M. SIMPSON.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Public Health at the Cross Roads

Dr. C. E. A. Winslow, Professor of Public Health, Yale School of Medicine, New Haven, Connecticut, considered "Public Health at the Cross-roads" in his address as president of the American Public Health Association at the fifty-fifth annual meeting held in October, 1926. After referring to what has been accomplished by the association, and to its officers and local branches, Dr. Winslow discussed the major problems of the future in public health, as follows:

The American Public Health Association stands at the cross roads in respect to certain of the most vital problems of organization which it has ever faced; but in regard to the policies and programmes of our profession itself we have decisions to make which are of far more pressing importance for the welfare of the people of this continent.

The results achieved during the past fifty years by a public health campaign based on the threefold programme of environmental sanitation, control of communicable disease by bacteriological and serological methods, and education in personal hygiene, constitute without exaggeration one of the most startling and revolutionary events in the whole history of the human race. The death rate from all causes in New York City (according to Dr. D. B. Armstrong) was 31 per 1,000 in 1824, 41 per 1,000 in 1851 and still 29 per 1,000 in 1875. Then began the fall, from 29 in 1875 to 12 in 1925, a reduction of three-fifths in a period of fifty years.

As Professor Willcox has recently pointed out, "the statement that in 1879-80 the crude death rate or average number of persons dying annually in each 1,000 of the population of New York-Brooklyn was 22, while in 1919-20 it was 13, does not convey much meaning to the average citizen. But when the same change is expressed in the statement that in 1879-80 the average length of human life in New York-Brooklyn was 36 years, but in the present New York City in 1919-20 it was 53 years, showing an increase of 17 years, or 47 per cent., within that 40-year period, then the statement gains greatly in significance and carrying power." That in two generations the average length of human life should have been increased by almost one-half must arouse in us a sense of reverent wonder of what God hath wrought for mankind through the applications of modern science.

Our progress in the control of preventable disease has, however, been by no means uniform. To chart wisely our future line of attack it is important to see just where we have attained or nearly attained our goal and where we have fallen short of such attainment; and for this purpose I propose to use some figures kindly furnished me by my friend Dr. Haven Emerson in the form of a differential analysis of mortality by causes in New York City for the past fifty years. These data cover the period 1873-75 for Manhattan and the Bronx and the period 1923-24 for Greater New York, and although the areas are not the same they will serve well enough to indicate the general trend of events. I have prepared the table presented herewith on the basis of these figures.

Mortality from certain specified causes and from all causes per 100,000 population:

	Manhattan and Bronx, 1873-75	Greater New York, 1923-25	Per cent. change
Scarlet fever	80	1	—99
Diphtheria and croup	235	11	—95
Diarrhoea under 5 years	335	22	—93
Diseases of the nervous system	252	39	—85
Pulmonary tuberculosis	404	84	—79
All other causes not listed	874	316	—64
Acute respiratory diseases	352	164	—53
All causes	2,890	1,220	—42
Bright's disease and nephritis	100	69	—31
Violence	120	85	—27
Cancer	41	113	+176
Heart disease	89	255	+187
Disease of the arteries	8	61	+650

Time does not permit a discussion of the extent to which the changes indicated are due to improvements in diagnosis and alteration in the age distribution and racial composition of the population. All these factors are of real importance, but they do not affect the primary fact that the major problems of public health have fundamentally changed in fifty years. In 1875 the outstanding causes of death were pulmonary tuberculosis, acute respiratory disease, infant diarrhoea and diphtheria and croup in the order named. During the half century that has passed the communicable and environmental diseases have been so substantially reduced that the problems of the future are heart disease, the acute respiratory diseases and cancer. We face a new situation and we must adopt new methods if we are to meet it with any measure of success.

Organic Heart Disease

The problem of the disease of the arterio-renal complex is of course no simple one. In the early years organic heart disease is largely a result of acute communicable diseases and focal infection, and in middle life of venereal disease; while in old age the factors of true senile degeneration play a major rôle. There is no sharp division, however, between these factors, and a man may no doubt die of heart disease at 70 years of age because of organic lesions due to infection from a neglected tooth at 12. The control of streptococcus and pneumococcus infections of every sort will therefore play a real part in the reduction of organic heart disease. It is in the main, however, to personal hygiene and preventive medical care that we must look for the immediate control of this major factor in the death rate. Food, fresh air, exercise and rest, the clearance of the bowels and the avoidance of drugs and industrial poisons—it is these elements in daily healthy living which must form our first direct line of defence against the onset of degenerative disease. Above all, however, it is to the early detection by the physician of incipient organic lesions that we must look for the application of the particular rules of personal hygiene which the specific individual needs to observe if the results of an initial weakness are to be avoided or postponed. We are here brought face to face with the central problem in future preventive medicine, the application of medical knowledge to the individual patient at a time when that knowledge can really exert a maximum effect.

Cancer

A consideration of the third major factor in the death rate, cancer, brings us of course to the same practical conclusion. For the present we must rely upon the surgeon for the control of cancer; and, although the extent of non-recognizable or non-operable cancer is now known to be greater than was thought ten years

ago, there is still ample margin for the saving of life by early surgical treatment. If such savings are to be made, however, we are again faced by the urgent and imperative need for social machinery which will facilitate prompt diagnosis and prompt treatment, machinery which will bring to bear the resources of medical science before the time has passed for their effective use.

Mental Hygiene

It is impossible to consider, even in the briefest summary, the future programme of the public health movement without at least some reference to the vast and fertile fields of mental hygiene. To-day, the attention devoted to this problem by municipal health departments is so slight that it has not even been included in our Appraisal Form for city health work; but in the not distant future I am inclined to believe that the care of mental health will occupy a share of our energies, perhaps as large as that devoted to the whole range of disorders affecting other organs of the body. If we consider only the graver forms of mental diseases and defects I am not sure that the amount of disablement referable to the central nervous system is much less than that due to defects in other organ-systems; but it is a consideration of the minor mental maladjustments which handicap all of us in the affairs of our daily life which reveals the true magnitude of this problem. The gravest ills from which this world of ours suffers, industrial disputes and international misunderstandings, are all in their essence problems of mental hygiene and will be solved less by economic or political panaceas than by a fuller grasp of the principles of applied psychology.

We must have, then, not only hospitals for institutional care of advanced cases of mental disease and defect, but psychopathic wards for first aid to the injured, mental hygiene clinics, psychiatric social work and education in the principles of mental health both for children and adults, on a scale as yet undreamed of.

Education of the Individual

In this great field, as in the control of the degenerative diseases, the fundamental problem involved is essentially the same. In both instances education of the individual in the principles of health living is the desideratum. It must, however, be no vague preaching of abstract principles, but a definite and specific application of such principles to a given individual. Such application must, of course, rest on a sound medical diagnosis. In every one of those fields of public health which promise a maximum of return during the half century that lies before us, the preventive application of the resources of medical science to the individual case is a crux upon which success or failure must depend.

Public Health at the Cross Roads

It is in connection with this fundamental problem that the public health movement of the present day stands at the cross roads. Our achievements between 1876 and 1901 were almost wholly based on the organized application of the sciences of sanitary engineering and bacteriology. During the first quarter of the present century the doctor and the nurse have come into the picture, and so far as nursing is concerned, the principle of social organization has been generally accepted so that we may look forward with some confidence to the day when the bulk of nursing care will be rendered either in institutions or by organized visiting nurse associations. So far as the application of medical service is concerned we have recognized with some fullness the responsibility for medical care of communicable diseases and for the hygiene of the infant and the school child. We must soon come to a decision as to the point at which social responsibility for the care of individual health shall cease, if such a point exists.

Prevention and Cure

In the past this difficulty has been commonly met by the plausible attempt to draw a line between prevention and cure, by assuming that prevention is the task of the State and that treatment should be left to the private physician. This is a good phrase and as a people we Americans love to govern our affairs by phrases.

The very interesting programme now being built up by the new government department of social hygiene in France is entirely based on such a sharp distinction between diagnosis and prevention on the one hand and medical treatment on the other. Yet such a distinction has often no very clear meaning when we analyse it and apply it to the individual case.

The drainage of a mosquito-breeding marshland is prevention; pure prevention if you will. But when a boy is weighed at school and found to be underweight, when inquiry reveals the fact that he is coming to school without breakfast and when improvement of dietary habits brings about a return to normal development, what shall we call the process? Is it not cure of the state of malnutrition which already existed and prevention of the further physical deterioration which would otherwise ensue? A patient with incipient tuberculosis enters a sanatorium and the disease is arrested, or a patient with early cancer submits to a successful operation. Is not the principle in all these instances the same, cure so far as possible of the damage already done and prevention of its extension in the future? Even the surgeon who treats an accidental wound is practising preventive medicine, since the major aim which he accomplishes is to avert the septic infection which otherwise would follow.

When medical treatment consisted chiefly in the administration of drugs it was perhaps possible to draw a line, in practice if not in theory, between prevention and cure. Nowadays, however, the hygienic adviser finds it increasingly difficult to make any sharp distinction between the normal and the abnormal, and the medical practitioner places his chief reliance upon the hygienic regimen of "preventive" medicine. The attempt to fix the boundaries of the public health programme by establishing a distinction between prevention and cure must then in practice lead only to confusion and incertitude.

The Health Officer's Responsibility

We may, if you like, say that the health officer should concern himself only with communicable disease. That is a logical position, though a narrow one. Or we may combine this etiological criterion with another based on age and say that the field of the health department includes all the health problems of the infant and the child plus the communicable diseases of the adult. This is a second clear and defensible position and one which approximates present-day practice. Or we may take a still wider view and say that the health programme must envisage the whole field of the prevention of disease and the promotion of physical and mental health and efficiency.

A reading of the constitutions and charters under which our state and city health departments operate suggests that the latter conception of their functions is also an admissible one, for these grants of power and responsibility contain no limitations as to the age of the individual or the etiology of the disease to be controlled. If, however, we accept for the moment such a comprehensive conception of the duty of the health officer, we must obviously face the whole issue of the place in the health programme of the practitioner of medicine, since it is only through the effective application of the medical art that the constitutional diseases can be brought under control. In considering this vital problem, it will perhaps help us if we recall how the relations of other professions to the

public health programme have been dealt with in the past.

It was quite obvious forty years ago that the individual sanitary engineer could not apply his resources effectively to the prevention of disease; and the same thing became clear thirty years ago as to the individual bacteriologist, and twenty years ago as to the individual public health nurse. Sanitary engineering and bacteriology and nursing have therefore been brought within the purview of the health programme in such a way that their resources are available to every individual in any well-organized community. They have not been "socialized" in any arbitrary sense. There are still, and there always will be, sanitary engineers and bacteriologists and nurses, functioning in their private capacity; but we no longer rely chiefly on private expert service for the protection of water supplies, the laboratory diagnosis of disease or even for the nursing care of the sick in the home.

The major problem of health conservation today is the application on a scale of similar effectiveness of the resources of the science of medicine. It is on such an application that the control of heart disease and cancer depends and the issue is of such moment that in some fashion or other the desired end must surely be attained. Can it be reached in the normal course of events by the initiative of individual practising physicians? Or must society through its official and voluntary agencies again take a hand and provide social machinery for facilitating its attainment?

Lack or Inadequacy of Medical Care

I take it, from the criticisms one may hear on every hand, that the present organization of medical service in the United States has at least not yet reached a wholly ideal status. First of all, we are told that from the standpoint of the profession itself the conduct of medical practice on an extreme individualistic basis becomes increasingly unsatisfactory, since the growing complexity of medical science creates a corresponding necessity for laboratory tests and for consultation services, only to be met by some form of medical organization.

Second, from state after state comes the complaint of grave lack of medical service of any kind in rural districts and of efforts to meet this need by community grants to physicians who will consent to practise in such regions, an expedient duplicating a common experience of the New England settlements in colonial days. I doubt, however, whether financial reward is the chief and determining factor in this problem, since there remains always the fact that a well-trained young doctor, unwilling to practise anything but good medicine, knows that he cannot practise good medicine in an isolated district without laboratory and hospital facilities and available consultation service. Nor can I accept the solution, propounded a year or so ago, of lowering the standards of medical education so as to produce physicians willing to practise in the country under existing conditions. I should prefer to keep our good doctors and through adequate organization enable them to do good work.

Third, we are told that the cost of adequate medical service has so risen that except for the very rich and the very poor such medical care is not actually available even in great cities and even in serious illness; and the surveys made by the Metropolitan Life Insurance Company make it clear that a large proportion of such illnesses do actually fail for one reason or another to receive the services of a physician.

Fourth, and of greatest importance in connection with the present discussion, is the problem of making medical service really preventive and not merely an attempted alleviation after the event. If disease is to be effectively controlled the doctor must generally be called in before the symptoms have become acute, and unless the characteristics of human

nature shall be radically changed the average man will be slow to call in a physician for true preventive service if immediate and direct payment for the service rendered is thereby involved. It is this fundamental economic and psychological difficulty which has convinced so many that there must be some equally fundamental change in the system of compensation for medical service, some approximation to the ideal of annual payment or of payment through an insurance fund or through the tax levy, if medicine is to become truly preventive in its actual operation.

Organized Medical Service

Varied and diverse are the movements going on all about us which in greater or less measure are designed to meet one or more of the needs outlined above. The campaign for annual health examinations, first sponsored by the Life Extension Institute, and now formally adopted as a programme by the American Medical Association, is one example, though it scarcely touches either of the underlying needs—for organized effective modern medical service or for a financial relationship which will insure general distribution of such service. Group medicine solves the first of the four difficulties outlined above, and, as exemplified in such institutions as the Mayo Clinic, constitutes a very real contribution toward the organization of the profession. The development of hospital and dispensary services under public or semi-public auspices, as in the magnificent municipal hospital of the city of Buffalo, is one of the most potent forces in the progress of scientific medicine, as it was in Arabia six hundred years ago.

Industrial medicine has vast possibilities of usefulness and in this country has already perhaps accomplished more than any of the other tendencies which have yet been noted in bringing medical service to the individual at a stage when the most effective measure of prevention can be assured.

In England and Germany, national health insurance has been adopted as an official programme, and whatever doubts may exist as to the wisdom of combining cash benefit relief for disability due to illness with the medical care of such illness, a recent visit to England has convinced me that, thanks to the increasing supervision of the Ministry of Health, the plan is working better in that country than its unsympathetic critics (of whom I have been one) would have believed possible five years ago. The same movement is spreading with astonishing rapidity throughout Central Europe, though in certain countries, such as Jugo-Slavia, against the violent opposition of the medical profession. In Berlin a strike of physicians against the terms of the panel programme has led to still more radical developments in the shape of a complete system of public clinics or "ambulatoria," staffed by salaried physicians paid from the insurance funds.

Finally, there is a movement which in the United States seems to many of us to be the most important and most promising of all those here reviewed. I will call it, if I may, the Health Centre Movement, meaning by that term the development with official funds or with those contributed through voluntary agencies, of free public services for the examination of well persons or of persons who suspect the presence of disease, for their hygienic instruction and for the administration of preventive medical treatment or reference to private physicians or to institutions where such treatment can be secured. Pre-natal clinics, infant welfare stations, school medical services, tuberculosis clinics, venereal diseases clinics, mental hygiene clinics, heart clinics, cancer clinics, are all undertakings of this class. They are rapidly on the increase and it is in regard to your attitude as health workers towards developments of this kind that a clear and

convinced policy is of most immediate moment.

I am fully conscious of the criticisms which have been and will be made in regard to most and perhaps all of the projects for organizing medical service which have been outlined above. Some of these criticisms are sound and significant, others merely superficial and frivolous. The habit of condemning any attempt at intelligent community action by labelling it as "socialistic" and "bureaucratic" is, for example, unworthy of serious-minded men. Some things are better done by the individual, some better by the state; and catchwords will not help us to determine to which class a given activity belongs. I am often reminded, when I hear such alleged arguments, of a paragraph in an address by Dr. Royal Meeker, then United States Commissioner of Labor Statistics, who said:

> Many earnest people are afraid that social insurance will take away from the working man his independence, initiative, and self-reliance, which are so celebrated in song and story, and transform him into a mere spoon-fed mollycoddle. This would be a cruel calamity. But if the worst comes to the worst, I, for my part, would rather see a race of sturdy, contented, healthful mollycoddles, carefully fed, medically examined, physically fit, nursed in illness and cared for in old age and at death as a matter of course in recognition of services rendered or for injuries suffered in the performance of labour, than to see the most ferociously independent and self-reliant super-race of tubercular, rheumatic and malarial cripples, tottering unsocialistically along the socialized highways, reclining self-reliantly upon the communal benches of the public parks and staring belligerently at the communal trees, flowers and shrubbery, enjoying defiantly the social light of the great unsocialized sun, drinking individualistically the socialized water bubbling from the public fountain, in adversity eating privately the communistic bread provided in the community almshouses, and, at last going expensively to rest, independently and self-reliantly in a socialized or mutualized graveyard full of little individualistic slabs erected to the memory of the independent and self-reliant dead.

Nor do I believe that a more organized system of medical service will operate unfavourably upon the average income of the medical profession. It has not so operated in England and the profession in that country is now well satisfied with this particular aspect of the Health Insurance Act.

On the other hand there are very real and very serious dangers in almost all plans for the better organization of medical service, which must be considered with the greatest care if we are really to attain the ideal results at which we aim. Even group practice by the medical profession itself is not without possibilities of commercialism. Industrial medicine may be twisted from its legitimate purpose and converted into a mere instrument for fighting compensation claims. The sale of salaried medical service to the public by non-medical profit-making organizations is in my judgment generally unsound. The administration of insurance plans and of health centres must be safeguarded with meticulous care if we are to avoid inadequate compensation for physicians, lowered standards of service, loss of independent initiative and the deadly blight of institutionalism. It will take the maximum of broad-minded statesmanship on the part of both health officials and the medical profession if the good results of organized medicine are to be obtained without their possible attendant evils.

Tendency Toward Organization

Whether we like it or not, however, the tendency of the times makes it clear that some form or forms of organized community medical service are coming, as surely as the sun will rise tomorrow. While we hesitate and consider, the thing is happening all about us. If we place our heads in the sand like the ostrich, or if we emulate King Canute and order back the tides, the inevitable will still occur; but its form and its direction we can govern if we will. It is only through the leadership of the health officer as an agent of the

public, solemnly charged with the duty of preventing disease and promoting health in every form, and through the thoughtful and broad-minded co-operation of the medical profession, that the legitimate demand for an organized preventive medical service can be wisely met.

Solution Only Through Co-operation

To avoid possible misunderstanding let me say here, with the utmost emphasis, that I am not arguing for group medicine, for state medicine, for health insurance or for any other panacea. The problem is one of the greatest delicacy and I have no easy answer to propound. The wise course must be found by the co-operative thinking and the co-operative experimentation of health officers and physicians during the next twenty years. It appears that at the moment the main current is setting toward an expansion of preventive medical service under the auspices of official health agencies. But the stream is not all in one direction. While in cities on the Atlantic seaboard infant welfare stations are generally open to all, without consideration of economic status, we find in Minneapolis and other cities of the Middle West that pediatricians in private practice have developed their preventive services so far that well babies are not received at the public infant welfare stations unless their parents are unable to employ a physician. In my own city of New Haven Dr. Rice, having as health officer conducted an admirably successful campaign for diphtheria immunization on a city-wide scale, has definitely appealed to the medical profession to carry on the work and to see to it that the ground won shall be maintained by the immunization of future generations of children as a routine measure of private practice.

In England, the plan proposed by Lord Dawson's Consultative Council on Medical and Allied Service suggests an exceedingly interesting alternative to the development of so-called state medicine. To quote from a recent editorial summary in the London Times:

> It was urged in a preamble to this scheme that preventive and curative medicine could not be separated on any sound principle, and that in any scheme of medical service they must be brought together in close co-ordination. It was added: "They must likewise be both brought within the sphere of the general practitioner whose duties should embrace the work of communal as well as individual medicine." To this end it was suggested that primary health centres should be set up in each district. They should be institutions equipped for service of curative and preventive medicine and conducted by the local general practitioners in conjunction with an efficient nursing staff, with the aid of visiting consultants and specialists. A group of primary health centres should in turn be based on a secondary health centre. Patients entering the secondary centre would pass from the hands of their own doctors to those of the staff of the secondary centre. And the secondary centre, which should include accommodation for the communal services, should be brought into relationship with a teaching hospital having a medical school.
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> The basis of this scheme is the voluntary system. Patients retain all their rights to free choice of doctor; doctors retain all their freedom of action. The State provides the fabric; it does not interfere with the work or liberty of the personnel. There is complete correlation between the public health service and the private health service, but there is no suggestion of dominance by the former over the latter. The medical officer of each area is to be assisted and advised by a council of practitioners elected at intervals by a postal vote of all the doctors practising in the area. Finally the great teaching hospital is made the foundation of the whole edifice.

Summary

I am not arguing for this or any other specific plan for the better organization of medical service. The administrative difficulties in the Dawson project, as I understand it, seem to me well-nigh insuperable. The lesson which I do wish to emphasize is a very simple and a very general one. It can be stated in half a dozen sentences as follows:

1. Future progress in the reduction of mortality and in the promotion of health and efficiency depends chiefly upon the application of medical science to the early diagnosis and

preventive treatment of disease, particularly organic disease of adult life and mental diseases and maladjustments at all ages.

2. The purely individualistic practice of medicine as it has existed in the past must be increasingly supplemented by some form or forms of organized medicine which will offer to the individual modern scientific medical care, including laboratory and specialized consultation service on an economic basis which will facilitate its application to the prevention of incipient disease—probably on some basis which involves payment of the physician through a common fund for the supervision of the health of an individual rather than for the treatment of a specific ailment.

3. The health officer as an official responsible to the community for the promotion of the public health in all its possible aspects should consider it his primary responsibility to work out in co-operation with the medical profession a wise solution of this problem—a solution which will preserve and maintain all that is best in the noble traditions of the healing art.

4. In the last analysis, it will be the duty of the health officer of the future to see that the people under his charge, in city or country, in palace or tenement, have the opportunity of receiving such service as that outlined above and on terms which make it economically and psychologically easy of attainment; and, himself, to furnish such service if and when it cannot be provided in other ways.

If I am correct in believing that these grave and serious issues must inevitably confront the health officer of the future, it seems clear that those who are to meet such issues should lose no time in preparing themselves to do so wisely. No organization is so well fitted as the American Public Health Association to attack this problem from the broad aspect of community well-being, and no problem in the whole field of public health so urgently calls for solution. I would urge as my essential message to you that the American Public Health Association should direct its committee on Administrative Practice to undertake a systematic study of the underlying questions here involved and to request the American Medical Association through appropriate designated representatives to co-operate in this difficult but essential task.

Plato tells us that "the man whose natural gifts promise to make him a perfect guardian of the state will be philosophical, high-spirited, swift-footed and strong." If you are to solve the problems I have here outlined you must indeed prove yourselves wise and courageous, prompt and firm; but the cause is one that may well inspire you to the achievement of such virtues.

You may recall the passage in Harvey Cushing's Life of Sir William Osler, where the great physician, sitting in meditation in a mighty cathedral, yields to the sweep of an emotion:

> . . . obliterating for the moment the thousand heraldries and twilight saints and dim emblazonings, a strong sense of reverence for the minds which had executed such things of beauty. What manner of men were they who could, in those (to us) dark days, build such transcendent monuments? What was the secret of their art? By what spirit were they moved? Absorbed in thought, I did not hear the beginning of the music, and then as a response to my reverie and arousing me from it, rang out the clear voice of the boy leading the antiphon: "that thy power, thy glory and thy kingdom might be known unto men." Here was the answer. Moving in a world not realized, these men sought, however feebly, to express in glorious structures their conception of the beauty of holiness, and these works, our wonder, are but the outward and visible signs of the ideals which animated them. Practically to us in very different days life offers the same problems, but the conditions have changed, and, as happened before in the world's history, great material prosperity has weakened the influence of ideals and blurred the eternal difference between means and end. Still, the ideal State, the ideal Life, the ideal Church—what they

are and how best to realize them. Such dreams continue to haunt the minds of men, and who can doubt that their contemplation immensely fosters the upward progress of our race?

What we are doing here in our several ways is to build up on earth the city of God. Like the forgotten craftsman who laboured on the lotos columns of Karnak or carved the glorious doorways of Chartres, we contribute in our humble fashion toward a mighty and lasting end. The means are prosaic—report cards and spot maps, culture tubes and vaccines, clinics and nursing visits—and the results may appear only in a smaller decimal behind the death rate per thousand of the population. Yet the real fact behind it all is the saving of men, women and children from suffering and from death; and the building into the social machinery of mankind of a technique which shall yield the same beneficent results throughout the coming years.

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The Public Health Nurse as a Social Case Worker

By ELIZABETH A. RUSSELL, Director, Public Health Nurses in Manitoba

On tracing the history of social science one finds that the early Christian Nursing Orders (who worked among the sick poor) recognized certain contributing factors as the cause of the dependent state of the families; and in the study of these causes and the finding of remedies, the science of social service had its birth. Thus we find that social science and public health nursing had their beginnings in the great need of mankind. Personally, I cannot conceive of a public health nurse (with all that the title implies) who is not also a social case worker.

Disease, physical infirmity, and mental deficiency figure largely as a chief factor in dependency and delinquency. Indeed, some criminologists have gone so far as to say that crime itself is a disease.

Dr. Haven Emerson, during his term of office as health commissioner of New York, in his report of a survey stated:—

"Each case of sickness presents a problem of prevention, as well as relief; of education, as well as of treatment; of the family and the home, as well as of the individual patient. Non-medical, social and relief agencies have a stake in the survey **second only** to that of the professional group and institutions for medical and nursing service. The largest single cause of dependency is preventable disease. Sixty to seventy per cent. of the expenses of relief agencies are necessitated by sickness."

It is not sufficient to hand out bread to the hungry or clothes to the naked.

In many cases the lack of money is **not** the primary problem but rather the inability of the bread winner to provide for his family, as the result of some physical ailment that only needs recognition to be adjusted.

In the rehabilitation of the family, wnose poverty is due to sickness, the foremost leaders in the field of medicine have stated that health could not be understood without understanding disease.

Since one of the chief duties of a social worker is to raise the family to a higher level of health, culture and morality, it is interesting to note that Lillian Wald, founder and director of Henry Street Settlement, whose nurse's training enabled her to vision the root causes of the maze of social problems which existed on the New York East Side, and has resulted in the creation and development of one of the greatest forces in the social work in New York, says that in this work she "considers the trained nurse unmatched."

While the nurse's training does not in itself fit her for the social service field, it does in so far that the qualities essential in a social

service worker are fostered during her training.

This training consists of at least three years' instruction and practical experience in medical, surgical and maternity nursing, it also includes psychiatry, psychology and technique of case work. It gives her experience in making intelligent and concise records. Her instruction in dieteties is an invaluable asset in dealing with the nutritional problems in the home.

Her contact with the sick poor calls forth her sympathy and develops her powers of understanding, and gives her insight into life's problems as they affect the individual and the family, that will establish for her a point of social contact when later she is out in the field.

She learns the sanctity of confidences, that is such an essential characteristic of the successful social worker.

During her training that indefinable but priceless commodity, tact, is called into being and developed in countless ways.

She is taught to use powers of observation. To detect not only the obvious physical ailments but also the subtle and more elusive mental illnesses, for a mental state is very often the primary factor in apathy and lack of initiative.

She learns the value of discipline and self-reliance, and her business ability is fostered through the responsibility she is made to assume during the final year of training.

A nurse's professional training is invaluable to her as a social worker in that she is able:—

1. To translate the technical terms of the doctors and health officials into every day language and habits of home.

2. To give comfort to the uncomfortable.

It provides an introduction into the home and to all other agencies whose service the family may need.

In time past the activities of the nurse in training was confined to individual work, and when she entered the social service field, she encountered for the first time the community problem. Now with increased facilities in almost all recognized hospitals for training in the fundamentals of social science, the public health nurse enters the field with a broader vision. She knows that every case which she meets in her daily work is to be considered not only from its physical and individual standpoint, but also from its social standpoint: its relation to that greater group we call "Society." The nurse social worker finds herself one of the responsible units in the community, the more responsible because of her knowledge of the principles underlying individual health, and she can now apply those principles in family case work.

She sees in the home the effects of society's failure to protect those who cannot protect themselves, either because they are mentally unable, physically incompetent, or criminally inclined.

There is at the present time an increased appreciation of the significance of mental factors in the great problems of poverty, delinquency, prostitution and crime, and the nurse is particularly fitted by reason of her training for such work in the social service field.

Improved physical standards have a moral value.

Character can be strengthened by the establishment of better living conditions, for there is abundant evidence that once the vicious circle of poverty and ill-health, and ill-health and poverty is broken, a healthy succession of redemptive forces begin to work of their own accord.

It is assumed that the alert public health nurse will take further study in social science as opportunity permits.

(Published in Social Service for April, 1927.)

Conference of the Canadian Public Health Association

This year the Canadian Public Health Association is holding a joint meeting with the Canadian Medical Association in Toronto during the week of June 14th.

Readers of The Canadian Nurse will recall that two years ago a Public Health Nursing Section of the C.P.H.A. was organized through the efforts of a group of public health nurses in Montreal. The first sessions of the section were held at the annual meeting of the C.P.H.A. in Toronto a year ago, and owing to the enthusiasm of the first chairman, Miss Florence Emory, the meetings were most successful. Due also to her efforts, there was a large registration of nurses; in fact, the nurse members of the C.P.H.A. are now more than half of the total number of the association. As the membership fee is only one dollar a year, it makes it possible for every interested nurse to belong. The annual fee of one dollar is usually paid at the time of registration during the annual meeting.

This year an unusually interesting programme has been prepared. Nurses, especially public health nurses, who find it at all possible to be in Toronto at that time, cannot afford to miss the sessions. The programmes are not yet printed but will soon be available. The following is the programme of the section on public health nursing:—

AFTERNOON SESSION

June 14th

(1) "The Tuberculosis Hospital and its Facilities for Teaching Public Health Nursing"—Miss E. McPherson Dickson, Lady Superintendent, Toronto Free Hospital, Weston.

Leader of Discussion—Miss Euna Kennedy, Montreal Anti-Tuberculosis and General Health League.

(2) "The Contribution of the Junior Red Cross to Public Health"—Miss Elsie Graves Benedict, Director, Junior Section, League of Red Cross Societies, Paris.

Leader of Discussion—Miss Florence Emory, President, Registered Nurses Association of Ontario.

(3) "Housing in Relation to Health"—Dr. R. St. John Macdonald, McGill University.

Leader of Discussion—Dr. F. S. Burke, Director of Medical Services, Dept. of Public Health, Toronto.

FORENOON SESSION

June 15th

(1) "Recent Developments in the Field of Preventive Medicine and their Nursing Implications"—Miss Edith Hurley, Professor of Public Health Nursing, University of Montreal.

(2) "The Objective in the Training of Public Health Nurses"—Miss E. Kathleen Russell, Director, Department of Public Health Nursing, University of Toronto.

(3) "The Place of the Public Health Nurse in Epidemiology"—Miss Mabel F. Gray, Asst. Professor of Nursing, University of British Columbia.

(4) "The Evaluation of Public Health Nursing"—Dr. A. B. Chandler, Medical Director, Child Welfare Association, Montreal.

The annual meeting of the Registered Nurses Association of Ontario will be held at St. Catharines, May 25th to 28th, inclusive.

Examinations for Registration in Province of Ontario are to be held May 31st, June 1st and 2nd, 1927.

News Notes

ALBERTA

CALGARY

The quarterly business meeting of the Calgary Association of Graduate Nurses was held in the Y.W.C.A. parlours on March 15th. Owing to the disagreeable weather attendance was very small.

Preparations are being made for the graduating exercises of the General Hospital to be held in May.

Miss Popson has been called to her home in Lethbridge owing to the serious illness of her mother.

Members of the Calgary A.G.N. will be pleased to learn that Miss Morkin was able to leave the Holy Cross Hospital and return to her home in Edmonton.

Miss Smith and Miss Splane, Calgary General Hospital graduates, have been called to the High River Hospital for relief work during the summer holidays.

BRITISH COLUMBIA

VANCOUVER

General Hospital

Miss B. Clark, 1914, of Vernon Hospital, has been in town for a few days.

Mrs. S. Martin (E. Wilson, 1919), of Vernon, has been visiting in the city.

Miss Ruby Rogers, 1920, and Miss E. Lynn, 1920, have returned from Mexico City and at present are visiting at their homes, Miss Rogers in Vancouver and Miss Lynn in Armstrong.

Mrs. A. Ross (B. Brydone-Jack, 1918), of Alameda, has been a visitor in town recently.

Miss A. Wright, 1918, of New York, is spending her vacation in Vancouver.

Miss H. Bennet, 1925, has returned to the city from Victoria.

Miss V. Imeson, 1921, has reached Shanghai from the interior of China and will be returning to Vancouver shortly.

The regular meeting of the Vancouver General Hospital Alumnae Association was held in the New Home on April 5th. The drawing for the Chevrolet Coach had been done earlier in the evening, the lucky winner being Miss Ball. The result of the raffle was $500.00 or more being added to the Sick Benefit Fund. The exact amount could not be given as there was still some money to be turned in.

The last "Get Together" supper of the public health nurses for 1926-27 was held in the Pottery Shop Tea Rooms on March 17th. Dr. H. W. Hill, Professor of Nursing and Health, University of British Columbia, spoke on the Non-Effect of Malnutrition in Influencing the Incidence of Infection. A great deal of discussion followed and helped to clear up some of the difficult points. Many find it disquieting to be compelled to "'scrap" so many of the old theories and build along new lines. At the close of the meeting a hearty vote of thanks was extended to Dr. Hill. As usual attendance was very good, New Westminster and all districts in Greater Vancouver being represented.

VICTORIA

St. Joseph's Hospital

Miss Spurr, R.N., left for Tranquille, B.C., on April 9th, where she is again a member of the staff at the sanatorium.

Miss I. Smart, who has been on the staff at Tranquille Sanatorium, is leaving to join the staff at Quesnel, B.C.

Miss Hare, R.N., has accepted a position on the staff of the King's Daughters Hospital, Duncan, B.C.

Miss D. Grubb, R.N., has been made supervisor of the operating room of Dr. Rhode's Hospital, Culver City, Calif.

Miss W. V. Blankenvoort recently joined Miss H. MacKenzie and Miss H. Douglas in Oaklands, Calif., and is doing private duty there.

Mrs. H. E. Ridewood (nee Meade) has returned from a trip to California where she was visiting her sister.

Miss Alice Stroulger, who has been a patient in St. Joseph's Hospital for the past four months, is now well enough to leave and is staying with friends in Victoria.

Miss Doris Lambert, who accompanied Sir Alfred Yarrow to England, via New York, in November, returned to her home in Victoria in February.

On March 10th a very enjoyable evening was spent at Mrs. (Dr.) Moore's (nee D. McBride). Six tables of bridge were arranged and prizes awarded. Twenty-four dollars were realized to add to the Alumnae fund.

The graduation exercises of class 1927 were held on April 21st in St. Ann's Auditorium, Victoria.

Miss D. Pearson, who has been matron at the Quesnel Hospital, Quesnel, B.C., returned to her home in Victoria in April. Her place is being taken by Miss Whitehead.

The Misses McEwen gave up their nursing home in November. Miss McEwen is matron at the Grand Prairie Hospital, Alta., and her sister is on staff duty at Power River.

Miss Aline Lawrence and Miss Molly Flower are on the staff at the Chatham House Hospital, Vancouver, B.C.

Miss M. V. Rowlands, 1926, has been in the X-ray Department at St. Joseph's Hospital for the past four months, and Miss Doris Taylor is acting as temporary supervisor on the 3rd floor at St. Joseph's.

MANITOBA

BRANDON

The regular monthly meeting of the Brandon Graduate Nurses Association was held on the 28th of March at the home of Mrs. (Dr.) Torrance. The resignation of the president (Miss A. F. Mitchell) was received with regret and she was presented with a handsome hat box by the association.

Miss A. F. Mitchell has resigned her position as superintendent of nurses at the Brandon Mental Hospital and is taking a prolonged rest at her home in Winnipeg.

NEW BRUNSWICK

ST. STEPHEN

The unveiling and presentation of the Jean Sinclair Dalzell Memorial Tablet took place on March 17th, at the Chipman Memorial Hospital. The handsome bronze tablet, the gift of the Alumnae, was presented by the president of the Alumnae Association, Mrs. J. L. Haley; unveiled by two classmates, Miss M. Dunbar and Mrs. Sydney Moore, and accepted by Mr. F. Parker Grimmer, president of the hospital board. The Rev. Dr. W. C. Goucher gave a very interesting and touching address, paying highest tribute to Miss Dalzell, and the Rev. E. P. Wright followed in prayer. The tablet now rests in the lobby of the hospital and bears the following subscription:

IN LOVING MEMORY OF
Jean Sinclair Dalzell, R.N.,
Whose death occurred
October 16th, 1925,
at the age of 25 years
while engaged in voluntary service with
the Grenfell Mission, Newfoundland.
"I was sick and ye visited me."

The Chipman Memorial Hospital Alumnae Association has presented the hospital with a Nursery Name Necklace set.

Miss Helen Boone is visiting at her home in St. Andrews.

Miss Mary Stairs, who has been operating room supervisor at the Chipman Memorial Hospital, has returned to private duty work.

Miss Elizabeth Clark is filling the position of night supervisor, Chipman Memorial Hospital, recently vacated by Miss Isabelle Richardson (General Public Hospital, St. John).

ONTARIO

BRANTFORD

At the April meeting of the Alumnae of the Brantford General Hospital, the principal item of business was the appointment of a delegate to attend the Registered Nurses Association of Ontario convention to be held in St. Catharines in May. The president was chosen as the representative. Dr. R. W. Knight gave a short talk on the history and technical points in the use of X-ray. After the meeting adjourned lunch was served by those in charge.

HAMILTON

Hamilton General Hospital

Miss Margaret Parsons left early in March for the Albany Hospital, Albany, N.Y.

Miss Marion Harvie has returned to Hamilton after an absence of over a year, spent at the Albany Hospital.

Miss Ann MacDonald left recently for California where she intends to remain indefinitely.

Miss Doreen Jones has gone to New York City to do private duty nursing.

The Misses Margaret MacIntyre and Dorothy Jackson left Hamilton in March to take positions in the Beekman Hospital, New York City.

Misses McLeish and McLeay, of Vancouver, were in Hamilton recently.

Miss Rosalie Amos has been ill at her home for some months. Miss Eugenie Richardson has also been ill for some time.

Word has just been received of the death in August last year of Mrs. Fred. Mahon (Gertrude Summerfeldt, Hamilton General Hospital, 1904). She left two little daughters, her husband having predeceased her by five years or more.

KINGSTON

Kingston General Hospital

The monthly meeting of the Nurses Alumnae of the Kingston General Hospital was held on April 4th, when a large number were present.

Miss Charlotte Burton, 1926, has taken the position as night supervisor at the Belleville Hospital.

Miss Amey Ada, 1926, has been made assistant superintendent of the Millard Fillmore Hospital, Buffalo, N.Y.

Miss Ethel Baxter, 1926, is on the staff at Miss Machie's Hospital, New York City.

Miss Ruth Nash, 1926, is doing ward duty at the Cleveland Clinic Hospital, Cleveland, Ohio.

Miss Ruth Marshall, 1921, and Miss Bella Gates, 1926, are doing private duty in Buffalo, N.Y.

Miss Georgina Ferguson has accepted the position of supervisor of the Maternity Department, Kingston General Hospital.

Miss Abbie Judson, 1922, is doing ward duty at the Huron Road Hospital, Cleveland, Ohio.

Miss L. Ballantyne, 1926, who had been at Brooklyn, N.Y., is visiting in Kingston.

LONDON

This year the Victoria Hospital Alumnae Association are making a special effort to raise funds for the furnishing of the entrance hall of the new Nurses' Home. Already three hundred dollars have been donated for this purpose. The March meeting took the form of a musicale, convened by Miss Alma Anderson, and held in the reception room of the Nurses' Home. This affair proved to be most successful as an entertainment and also financially.

ST. CATHARINES

The General Hospital Ladies' Aid held their annual birthday tea in the Leonard Nurses' Home on Thursday afternoon, March 17th. The tea took the form of a St. Patrick's party, with green everywhere. Mrs. J. B. Henderson, president, and the superintendent of the General Hospital (Miss Wright) received the guests in the reception hall, which was very gay with St. Patrick's Day decorations.

Miss A. E. Winter, of the Toronto General Hospital, commenced her duties as assistant superintendent of the St. Catharines General Hospital on March 1st.

SAULT STE. MARIE

A successful and enjoyable card party was held at the General Hospital on February 25th by the Nurses Alumnae Association. The guests, numbering about eighty, were received by Miss Goatbe and Miss Baxter. Following interesting games at bridge and five hundred a pancake supper was served. About $43.00 was realized.

TORONTO

Grace Hospital

The graduating class of Grace Hospital was entertained by the intermediate nurses at a dinner in the Prince George Hotel on Friday evening, April 1st. The toast to The Graduates was proposed by Miss E. Edwards and responded to by Miss M. Flatt. Members of the staff present were the Misses Bell, Knight, Hood and Kelley. Among the members of the graduating class were the Misses Henry, McFarlane, Flatt, Crockatt, Clark, Kemp, Lord, Duckworth, Thurlow, Peaker and Anderson, while the intermediate nurses included the Misses Cameron, Wickett, Barons, Lough, Million, Thompson, Edwards, McComb, Gilbert, Read, Dean, Fox and Woods.

Hospital for Sick Children

A very largely attended meeting of the Alumnae was held on April 7th, the president, Mrs. Langford in the chair. Plans were made for a reunion dinner in honour of the graduating class on May 21st in the Residence, and great satisfaction was evinced by all when it was learned that Miss Florence J. Potts, the former superintendent of the hospital, at present in North Carolina, would be present on that date. Tickets for the dinner may be obtained from Miss Gene Clarke at the hospital any time before May 16th. The address of the evening was given by Dr. F. N. G. Starr, on Goitre, and was listened to with close attention by the large audience present and a very hearty vote of thanks was voiced by Miss Kathleen Panton at the close of his lecture. Music and refreshments brought a very interesting evening to a close. It is a source of great satisfaction to the executive of the Alumnae that the meetings of 1926-7 have been so largely attended and they are deeply grateful to Principal Hutton, Dr. Margaret Patterson, Dr. Alan Brown and Dr. F. N. G. Starr who have given of their time so willingly at the various Alumnae meetings during the year.

Miss Mary Ingham, 1916, has accepted a position, in charge of the operating room at the General Hospital, Regina. Before leaving the Civic Hospital, Ottawa, where she has been for the last three years, Miss Ingham was presented with a beautifully fitted travelling bag.

The graduation of class 1926-7, Hospital for Sick Children, will take place in Convocation Hall, Toronto University, on May 23rd.

Toronto General Hospital

Mrs. Box (Gladys Trivett, 1919) has returned from China with her six-months-old son, and is awaiting her husband, who hopes to leave China shortly.

Miss Ruby Hosie, 1919, is convalescing in California.

Miss Laura Rowan, 1920, is now engaged in nursing in Florida.

Miss J. Kilburn has returned to the staff of the mental hygiene department of the Department of Health, Toronto, after a course of special study in social psychiatry in the Johns Hopkins Hospital, Baltimore.

Miss Olive Newby has resigned her position in the Lakeside Hospital, Cleveland. Miss Newby is ill at her home in Niagara Falls.

Miss Jean Templeton and Miss Flora Smart, 1925, are in the Presbyterian Hospital at South Porcupine, Ont.

Miss Katherine Elliott, 1924, has returned from her vacation in Florida and is assistant head nurse on fifth floor, Toronto General Hospital.

Miss Marion Brewster and Miss Evelyn Graham, 1925, have joined the staff of the Rockefeller Hospital, New York.

Miss B. Pederson, 1925, is on the staff of the Ford Hospital, Detroit.

Wellesley Hospital

A most enjoyable dance in honour of the graduating class was given by the intermediate class, 1928, on Thursday evening, March 17th, at Ryan's Art Galleries

Miss Jean Wilkinson, 1925, is relieving as supervisor of the Obstetrical Department.

Miss Millicent Boyd, 1926, has accepted the position of assistant in the operating room.

Miss Florence Smith, Miss Isobel Gillanders and Miss Laura Lambe, 1925, are doing private duty nursing in New York.

Mrs. Musgrave (Victoria Marsh) is making a steady recovery following an operation.

Miss Edith Cowan is now doing private duty nursing.

Women's College Hospital

The Women's College Hospital Alumnae Association held its monthy meeting on March 14th in the nurses' residence. Mrs. E. L. Groves, of the Toronto Board of Education, addressed the nurses on Auxiliary Classes in the Public Schools and other educational questions of public importance today. This was the first meeting to be held in the new classroom in the nurses' residence and $50.00 was voted by the Alumnae Association towards furnishings for this room. At the close of the meeting an enjoyable tea was served by the nurses.

QUEBEC

The attendance of members at the annual meeting of the Association of Registered Nurses for the Province of Quebec was large, the final meeting taxing to its utmost the capacity of the splendid hall in the new residence for nurses of the Montreal General Hospital. A number of nurses from other parts of the province were present, and a record attendance of the sisters in charge of various departments in the French-speaking hospitals. Much interest had been aroused by the legal controversy with the College of Physicians and Surgeons of the province, which was at its hottest during the events of a crowded week, and the members were anxious to get the authoritative statements given by the president, Miss Hersey, and the president of the Canadian Nurses Association, Miss Shaw, in their respective addresses.

A greater number of reports than usual were presented, and read in English and French. The hon. recording secretary noted the appointment this year of a full-time executive secretary; the circulation of a questionnaire to the training schools of the province, in order to co-ordinate as much as possible the educational systems, and facilitate the inspection made later by the official visitors; the reception accorded Dame Maude McCarthy; and the gratification of the association at the election of Miss Shaw as national president.

The office report gave the number of members in good standing as 1710. A membership list was published for the first time in June, 1926. Two hundred and ninety-one certificates had been issued: 156 of these after examination, and a large number by reciprocity.

Two examinations were held in 1926, both at McGill University, and only two failures recorded.

Much appreciation was expressed at the immense amount of voluntary work accomplished since the formation of the association, and the names of Miss Shaw, Sister Duckett, Miss Samuel and Miss Phillips were placed on the first advisory board.

The treasurer's statement was regarded as very satisfactory, and since the meeting, the committee of management has announced two scholarships to be awarded for extension public health study or other courses, as the candidate may choose.

The demonstrations evidently created special interest, and were excellently put on by the student nurses of the Montreal General Hospital, under charge of their instructor, Miss Frances Reed.

The round table discussion was valuable and popular, and afforded a means of getting expressions of opinion on every-day problems, especially of the private duty nurse, from different angles.

Miss Evelyn Walker's address had been looked forward to, especially by those members who had nursed during the war in the areas afterwards taken over by special service workers. The speaker drew a picture of conditions which persisted for years after hostilities had ceased, of the almost entire lack of aids to organization, etc., but was able to report improvements along every line, the welcome of assistance officially and medically, and the adoption of the words "nurse" and "nursing" into the French language. Miss Walker is now county advisory nurse, Monmouth County, New Jersey.

Owing to the state of affairs in China, Miss Cora Simpson's talk was most informative, and listened to with deep attention, and Miss Gertrude Garvin's thoroughly prepared paper on Mental Nursing earned the thanks of the meeting for its arrangements of data on a subject which is at present attracting so much medical notice.

MONTREAL

Montreal General Hospital

Mrs. Samuel (nee Kate Taylor) is spending the winter in California, private duty nursing.

A miscellaneous shower was given by Miss Grace Carter, 1925, to Miss Jean Fowler, 1925, prior to her marriage in early summer.

Miss Geraldine Stewart, 1925, is engaged in V.O.N. work in the city of Montreal.

Miss Myra Backman, 1926, has been taken on the staff of the Fisher Memorial Hospital, Woodstock, N.B.

Miss Eloise Gaskin, 1926, has accepted a position as industrial nurse in Detroit, Mich.

Miss Hilda Dawson, of New York City, is taking a refresher course at the M.G.H.

Miss Anna Jowsey, 1926, is engaged with the V.O.N. in Montreal.

Mrs. Maud Alshorne, 1925, who has been on the staff of the Shriners' Hospital, Montreal, since graduation, has resigned owing to illness in her family.

Miss Rachel Wood, of Toronto, is doing general ward duty at the M.G.H. during the typhoid epidemic.

Miss Jennie McLeod, 1926, has accepted a position in charge of one of the wards at the Royal Victoria Montreal Maternity Hospital.

Miss Evelyn Hamilton, 1925, has resigned her position at the Shriners' Hospital, Montreal, as floor head nurse, and has been succeeded by Miss Cooper, 1927.

The sympathy of the members is extended to Miss S. E. Wooten, in the loss of her brother, and also to Misses Dorothy and Beatrice Hadrill in the loss of their father.

Miss Edna Beck, 1921, who has been engaged in private duty nursing at her home in Sherbrooke, P.Q., for some time is now following up the same work in Montreal.

Mrs. J. A. Henderson (nee Viola Hersey), lady district superintendent, St. John Ambulance Brigade, attended the annual meeting of the Dominion Council of the St. John Ambulance Association held at Ottawa.

At the Emergency Red Cross Hospital, Mountain St., Montreal, one hundred and thirty-five typhoid patients are being cared for by several graduate nurses. Miss E. McGregor, F. Fuller and M. Pharaoh are among the number.

Some of the members employed by the Sun Life Insurance Co., to assist in the free inoculation against typhoid, during the epidemic in Montreal were Misses Elizabeth Low, 1923; Carmen Budd, 1923; Hattie Elliott, 1924; Florida La Carte, 1924; Jean Fowler, 1925; Winnifred Shaver, 1925; Annie Cromwell, 1925; Freda Cromwell, 1926; Belle Depew, 1926, and D. E. C. Le Quesne, 1926.

The regular monthly meeting in February of the M.G.H.A.A. took the form of a social bridge, which proved a great success, with about one hundred members present. At the March meeting Mr. T. W. L. MacDermot gave a much appreciated address on Bernard Shaw, while at the April meeting a lecture was given on parental instruction by Mrs. W. T. B. Mitchell which was very interesting.

Royal Victoria Hospital

The graduation exercises of the Royal Victoria Hospital were held in the Nurses' Residence on March 30th, 1927. The address to the graduating class was given by Dr. H. B. Cushing, and was not only entertaining but also very inspiring. Lady Holt presented the prizes, which were awarded as follows: 1st division, Miss Mary Roach, general proficiency; Miss Jean Fitzmaurice, highest standing; 2nd division, Miss K. James, general proficiency; Miss Lila McEwan, highest standing. Miss Fetter presented the diplomas. A very interesting report on the school was given by Miss Hersey, who outlined the different branches of work being carried on by the graduates since the training school began. After the exercises tea was served to a great number of relatives and friends, the tea table and other decorations being carried out in mauve and yellow, the colours of the training school. In the evening there was a dance for the graduating class.

On the evening of March 24th the Royal Victoria Hospital Alumnae Association gave a dinner at the Ritz-Carlton Hotel to the graduating class. The dinner was attended by about one hundred and sixty members of the association and forty-three graduates of the 1927 class. After a toast to The King, a toast to "The Governors" was proposed by Miss McLean. Other toasts were "The Doctors," by Miss Marjorie McDiarmid, and "Our Absent Friends," by Mrs. Krolick. Mrs. Stanley, president of the association, in proposing the toast to "Our Guests," reviewed the history of the Royal Victoria Hospital Training School and its progress from 1896 to the present day.

Miss Caroline Buchanan, 1925, is night superintendent at St. Mary's Hospital, Montreal.

Miss Jean Fitzmaurice, 1927, is on the staff of the Royal Victoria Hospital, Montreal.

Miss Mary Roach, 1927, is assistant night superintendent at the Ross Memorial Hospital, R.V.H., Montreal.

Western Hospital

The February and April meetings of the Alumnae were held in the evening instead of the afternoon with good attendances. Following short business meetings cards were played and in each case a pleasant social evening was spent by the members.

A framed etching of the Canadian Nurses Memorial Panel in Ottawa was presented to the Nurses' Library, Western Division of the Montreal General Hospital, by the Alumnae.

Miss Violet Cross has replaced Miss Margaret Tyrrell as nurse-in-charge of the surgical work at the Montreal Children's Hospital, Dorchester Street, and Miss Tyrrell has succeeded the former superintendent, who recently resigned from the position.

In the March number of The Canadian Nurse it was stated that Miss Margaret Tyrrell had accepted a position on the

staff of the Children's Memorial Hospital, this should have read "the Montreal Children's Hospital."

Miss Charlotte Nixon and Miss Annie Yeates are nursing typhoid patients in the newly opened Red Cross Emergency Hospital, Mountain Street.

Sincere sympathy is extended by members of the Alumnae to Miss Edna Corvett in the loss of her father.

SASKATCHEWAN

Miss Dorothy Hopkins (Toronto General Hospital, 1926) has been appointed to the staff of the School Hygiene Branch of the Department of Education, with headquarters at North Battleford; and Miss Elizabeth Smith (Vancouver General Hospital, 1926) to the same service, with headquarters at Swift Current.

Miss Helen Longworthy, Regina, has returned from Toronto and has taken charge of the Red Cross Outpost at Bengough, Sask.

REGINA

The Alumnae Association of the Regina General Hospital held a very successful silver tea at the residence of Mrs. William Lythe, 1576 Athol Street, recently. The reception rooms were a profusion of spring flowers, and St. Patrick's emblems added the touch of the day. Miss Mary Amot, president of the Association, Mrs. McLelland and Miss I. Powell received the guests. About $50 was realized, which was added to the Alumnae fund to furnish a ward in the proposed new wing to the General Hospital.

Miss L. Motherwell has resigned her position on the staff of the Regina General Hospital and is doing private duty nursing in Regina.

Miss E. Clarke, who has been doing private duty nursing in Regina, left on March 1st for a stay of a few months in Pasadena, California.

Dr. M. R. Bow, former superintendent of the Regina General Hospital, has been appointed Deputy Minister of Public Health, Province of Alberta, and has been succeeded by Dr. D. Low.

C A M C News Ltems

WINNIPEG

Miss Sally Cameron, of New York, formerly of the C.A.M.C., spent a few days here a short time ago en route to Paris, where she intends remaining for a year or so.

Mrs. Shand, of Regina (nee N/S Margaret Rogers, "Sister Mary"), has returned to her home after spending a few weeks with relatives and friends here.

Mrs. Nell McCreery (nee N/S Nell Chisholm) has accepted a position in a private hospital at 14 West 55th Street, New York City.

Mr. and Mrs. Bernard Connor, of Edmonton, spent a few days in the city recently on their honeymoon. Mrs. Connor was before her marriage N/S Alice M. Howard.

At the annual meeting of the Nursing Sisters' Club, held at the Red Cross Rooms on Kennedy Street, the following officers were elected for the ensuing year:

President, Miss E. F. Hudson; vice-president, Miss Pollexfen; treasurer, Miss Letellier; secretary, Mrs. R. C. Sanderson; con. social committee, Mrs. L. D. Collin; sick visiting committee, Mrs. T. Cavanagh; con. membership committee, Miss Kilpatrick; publicity and press committee, Miss I. M. Barton; memorial committee, Miss A. E. Andrew; extra members on executive: Miss Pearl Paul, Mrs. G. Cooper, Mrs. DuPencier.

MISS JEAN GUNN, CHAIRMAN

At the annual meeting of the Canadian Red Cross Society held in Toronto February 22nd and 23rd, Miss Jean Gunn was appointed chairman of the advisory committee on home nursing classes. Miss Gunn has for years been a voluntary worker in the Ontario Division of the Canadian Red Cross, and has brought to its problems the great contribution of her knowledge and experience in all that pertains to nursing.

The nurses of Canada have shown their public spirit and desire to serve their country in the way they responded to the request of the Canadian Red Cross Society to teach home nursing classes throughout this country. So extensive has been this voluntary service on the part of the nurses who were able to give their time to this work, that there are now 10,491 women in Canada who have completed this very useful elementary training.

The Canadian Red Cross Society gives no examination and no certificate for this course, but merely gives the students a statement of the number of lectures attended. It is made unmistakably clear that this instruction is not intended in any way to fit women to work for remuneration but rather to enable them to meet necessary emergencies in their own homes.

It is most fitting that Miss Gunn, a past president of the Canadian Nurses Association, should be appointed chairman of the committee which is to guide the policies of the home nursing activities organized by the Canadian Red Cross and carried into effect by the nurses of Canada.

BIRTHS DEATHS AND MARRIAGES

BIRTHS

CAMPBELL—On March 17th, 1927, at Trethewey Mines, to Mr. and Mrs. Angus Campbell (Helen Fraser, Hospital for Sick Children, Toronto, 1914), a daughter.

CARR—Recently, at Chicago, to Mr. and Mrs. J. Carr (Margaret Clark, Regina General Hospital), a daughter (Margaret Catherine).

CRYSDALE—In February, 1927, at Toronto, to Mr. and Mrs. John Crysdale (Marion O'Hara, Wellesley Hospital, 1924), a son.

ELLIOTT—In February, 1927, to Mr. and Mrs. Elliott (Biddie Floyd, St. Joseph's Hospital, Victoria), a daughter.

FERGUSON—On February 15th, 1927, to Mr. and Mrs. Ferguson (Helen Elliott, St. Joseph's Hospital, Victoria), a daughter.

HOGARTH—On January 15th, 1927, at Regina, to Mr. and Mrs. C. Hogarth (Belle Lauder, Regina General Hospital), a son.

JONES—On February 12th, 1927, to Mr. and Mrs. Jones (Fern Chappell, Regina General Hospital), a son.

KENNETT—On February 21st to Mr. and Mrs. F. Kennett (Mary L. Forman, Victoria Hospital, London, Ont.), a son (Howard Arthur).

LYONS—On March 12th, 1927, to Mr. and Mrs. Lyons (Anna MacKay, Montreal General Hospital, 1921), a son.

McCLELLAND—On April 13th, 1927, at Toronto, to Dr. and Mrs. J. C. McClelland (Alva Lewis, Toronto General Hospital, 1919), a daughter.

McNAUGHT—On March 18th, 1927, at Toronto, to Mr. and Mrs. Robert McNaught (Edna McNaught, Toronto General Hospital, 1915), a daughter.

MINCHIN—In March, 1927, at Vancouver, to Mr. and Mrs. F. Minchin (L. Honeyman, Vancouver General Hospital, 1918), a daughter.

PENHALL—Recently, at Moose Jaw, to Mr. and Mrs. Penhall (Laura McNabb, Regina General Hospital), a son (Ronald Douglas).

SEIVENPIPER—In March, 1927, at Vancouver, to Dr. and Mrs. S. Seivenpiper (A. Morrison, Vancouver General Hospital, 1921), a son.

SCRIVNER—On February 23rd, 1927, at Victoria, B.C., to Mr. and Mrs. Scrivner (Winnifred Nicholson, St. Joseph's Hospital, Victoria), a daughter.

TAIT—On January 17th, 1927, to Mr. and Mrs. C. R. Tait (Mabel Detlor, Kingston General Hospital, 1921), a daughter.

WATKIN—On February 27th, 1927, at Montreal, to Dr. and Mrs. J. McK. Watkin (Marjorie Ross, Montreal General Hospital, 1921), a daughter.

ZUMSTEIN—On March 5th, 1927, at St. Catharines, to Dr. and Mrs. George T. Zumstein (Florence Cowley, St. Catharines General Hospital, 1923), a daughter.

MARRIAGES

BECKETT — MORRISON — On January 22nd, 1927, in Cleveland, Ohio, Blanche Morrison (Wellesley Hospital, 1925), to Dr. Morley Beckett. At home—Cleveland, Ohio.

BOWN — STILES — In December, 1926, Margaret L. Stiles (Wellesley Hospital, 1923), to W. E. Bown, of Sidney, N.S. At home—Sydney, N.S.

DAVIS—TATE—On December 25th, 1926, at Regina, Margaret Tate (Regina General Hospital), to Hartley Davis.

FOSTER—BALDRY—In December, 1926, at Morewood, Ont., Madge Baldry (Montreal General Hospital, 1923) to John B. Foster, of Chesterville, Ont.

FOSTER—WRIGHT—On February 9th, at Winnipeg, Gertrude Eleanor Wright (Regina General Hospital), to Herbert Franklin Foster.

FRASER-DEWAR — BERTRAND — On September 22nd, 1926, at Lake Placid, N.Y., Lyda Theodora Bertrand (Kingston General Hospital, 1925), to Donald Fraser-Dewar, of Toronto.

JOHNSON—HAWES—On February 14th, 1927, at Iloilo, Philippine Islands, Dorothy Jessie Hawes, to Dr. Dwight L. Johnson, both formerly of Brandon General Hospital, Brandon, Man.

McLACHLIN — CAMPBELL — On April 1st, 1927, at Montreal, Mary Ingraham Campbell (Royal Victoria Hospital, Montreal, 1924), to Eric Harrington McLachlin. Mr. and Mrs. McLachlin will reside at the Grosvenor Apartments, Sherbrooke St. W., Montreal.

McLAUGHLIN—CAMERON—In December, 1926, at Clarendon, P.Q., Jean Edna Cameron (Kingston General Hospital, 1924) to David Elmer McLaughlin, of Bryson, P.Q.

McLEOD—SMELLIE—In April, 1927, at Montreal, P.Q., Estelle S. Smellie (Montreal General Hospital) to Dr. Ralph Collingwood McLeod, of Brocton, Mass.

O'BYRNE—BERRY — On January 29th, 1927, in Toronto, Muriel Berry (Wellesley Hospital, 1925), to Frank O'Byrne, of Toronto. At home—348 St. Clair Ave. West, Toronto.

PETERSON—YOUNG—On March 10th, 1927, in New York City, Laura I. Young (Kingston General Hospital, 1924) to Arthur J. Peterson.

ROBERTSON—HAIGHT—On November 24th, 1926, at Keeler, Sask., Roberta Doris (Bobbie) Haight, to Grant Robertson, of Regina.

STOCKLEY— MENZIES — On January 11th, 1927, at Rosedale Church, Weihwei Honan, Jean McClure Menzies (Toronto General Hospital, 1922) to Dr. Handley G. Stockley.

STYLES—MATTHEWS—On March 1st, 1927, at Regina, Ella Matthews (Regina General Hospital), to George Styles.

WAINES—KELLY—On March 31st, 1927, at Brandon, Man., Alice Ann Kelly (Brandon General Hospital, 1924), to Wesley Dwight Waines, of Elkhorn, Man.

DEATHS

ARCHIBALD—On March 9th, 1927, at the Vancouver General Hospital, Mrs. Ernest Archibald (Lucy Barr, Toronto General Hospital, 1910).

MAHON—In August, 1926, Gertrude Mahon (Gertrude Summerfeldt, Hamilton General Hospital, 1904), widow of the late Frederick Mahon.

SISTER AGNES KARLL

Following a long illness, Sister Agnes Karll, of Germany, passed away on February 12th, 1927. Sister Agnes Karll was the pioneer and leader in nursing education and organization among nurses in Germany. She was founder and first president of Bernfsorganization du Krankenpflegerinnen Deutschland, one of the national nursing organizations of the International Council of Nurses.

OBITUARY

Mrs. Arthur Pafford

By the death of Mrs. Arthur Pafford (Agnes McIntyre, Toronto General Hospital, 1894), on January 15th last, the Alumnae Association of the Toronto General Hospital has lost an old and valued friend. After her marriage in June, 1900, Mrs. Pafford's home became the centre where the nurses met and planned the organization of many things: the Central Registry, the Graduate Nurses Association of Ontario, the Toronto Graduate Nurses' Club, and the Registration Bill of 1906, which, however, in spite of its powerful backing was eventually withdrawn. Prior to her marriage Mrs. Pafford was one of the leading spirits in the reorganization of the Alumnae Association, which had been disbanded for some time, and during her presidency the design of the Alumnae pin was chosen. Until her last illness Mrs. Pafford was a staunch friend of the nurses and took a strong interest in everything pertaining to the profession, always aided and seconded by her husband. She was a woman of broad outlook and has left a memory to those who knew her of cheerfulness, a keen sense of humour, and high ideals.

The Revised Curriculum for Schools of Nursing, prepared by the education committee of the National League of Nursing Education, can now be purchased at League Headquarters, 370 Seventh Avenue, New York, N.Y. Price $2.50.

The following associations will meet in Toronto June 13-18, 1927:

The Canadian Medical Association;
The Canadian Public Health Association;
The Canadian Tuberculosis Association;
The Canadian Society of Anaesthetists;
The Canadian Radiological Society;
The Ontario Medical Association;
The Ontario Radiological Society.

THE CANADIAN NURSE

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PROVINCE OF ONTARIO

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An examination for the Registration of Nurses in the Province of Ontario will be held Tuesday, Wednesday and Thursday, May 31st, June 1st and 2nd, 1927.

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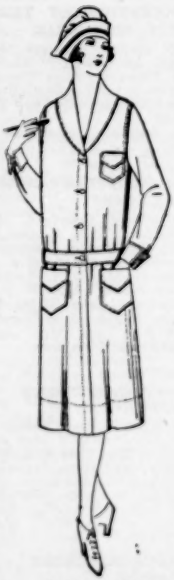

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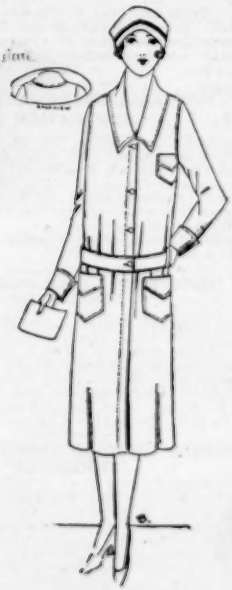

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JUNE, 1927

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